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VOLUME XV.



A

# YEAR-BOOK

OF

M E D I C I N E, S U R G E R Y,

AND THEIR

ALLIED SCIENCES,

FOR

1861.

EDITED BY

DR. HARLEY, DR. HANDFIELD JONES, MR. HULKE,  
DR. GRAILY HEWITT, AND DR. SANDERSON.

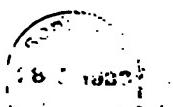
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R E P O R T  
ON THE  
INSTITUTES OF MEDICINE.

BY  
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MANUALS, GENERAL TREATISES, LECTURES, ETC.

- ELLIS.—*Demonstrations of Anatomy; a Guide to the knowledge of the Human Body by Dissection.* 5th edit., illustrated. 8vo, London.
- GRAY, HENRY.—*Anatomy, Descriptive and Surgical.* 2nd edit., enlarged, illustrated. 8vo, London, pp. 816.
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- BEALE, Prof. L. S.—(1) *On the Structure of the Simple Tissues of the Human Body.* London, pp. 203.  
 (2) *A Descriptive List of the Microscopical Specimens illustrating seven Lectures on the Structure and Growth of Tissues, &c.* Royal Coll. of Phys., London, pp. 16.  
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- HOGG, JABEZ.—*Elements of Experimental and Natural Philosophy.* 2nd edit., illustrated. London, 8vo, pp. 560.
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- SMITH, Dr. EDWARD.—*Health and Disease, as influenced by the Daily, Seasonal, and other Cyclical Changes in the Human System.* Small 8vo, London, 1861.

HUGHES BENNETT, Prof. J.—*On the Molecular Theory of Organization.* Lancet, May 25th, p. 504.

The author directs attention—

1st. To a description of the nature and mode of origin of organic molecules.

2nd. To a demonstration of the fact that these molecules possess inherent powers or forces, and are present in all those tissues which manifest vital force.

3rd. To a law which governs the combination, arrangement, and behaviour of these molecules during the development of organized tissue.

In nature, the breaking down of one substance is the necessary step to the formation of another; and the histolytic or disintegrative molecules of one period become the histogenetic or formative molecules of another.

With regard to nutrition, food and all assimilable material must be reduced in the first instance to the molecular form, while the fluid from which the blood is prepared—viz., chyle—is essentially molecular. Most of the secretions originate in the effusion of a fluid into the gland-follicles, which becomes molecular and gives rise to cell-formation. In muscle, the power of contractility is inherently associated with the ultimate molecules of which the fasciculus is composed; and, lastly, the gray matter of the sensory ganglia and of the brain, which furnishes the conditions necessary for the exercise of secretion, and even of intellect itself, is associated with layers of molecules which are unquestionably active in producing the various modifications of nervous force. These molecules are constant and permanent as an integral part of these tissues, as much as cells or fibres are essential parts of others, and their function is not transitory, but essential to the organs to which they belong.

These facts point to the conclusion that vital action, so far from being exclusively seated in cells, is also intimately associated with the elementary molecules of the organism, and that the development and

growth of organic tissues are primarily owing to the successive formation of histogenetic and histolytic molecules.

Bennett thinks, moreover, that not only development, but growth and secretion, absorption and excretion, are only different names given to histogenetic and histolytic processes, and these are brought about by formative and disintegrative molecules.

In directing attention to a molecular theory of organization, it is not the author's wish to interfere in any way with the well-observed facts on which physiologists have based what has been called the cell-theory of growth. This last will require modification, in so far as unknown processes of growth have been hypothetically ascribed to the direct metamorphosis of cell-elements. But a cell once formed may produce other cells by buds, by division, or by proliferation, without a new act of generation, in the same manner that many plants and animals do ; and this fact comprehends most of the admitted observations having reference to the cell doctrine. The molecular, he says, is therefore in no way opposed to a true cell-theory of growth, but constitutes a wider generalization and a broader basis for its operations. Neither does it give any countenance to the doctrines of equivocal or spontaneous generation. It is not a fortuitous concourse of molecules that can give rise to a plant or animal, but only such a molecular mass as descends from parents, and receives the appropriate stimulus to act in certain directions.

The author concludes by saying that the theory he has endeavoured to establish on histological and physiological grounds is fully supported by all the known facts of disease and of morbid growths, which further serve to show that pathology, so far from being cellular, is, in truth, molecular.

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BEALE, Prof.—*Lectures on the Structure and Growth of the Tissues of the Human Body.* Delivered at the Royal College of Physicians, April—May. Micros. Journ., July, p. 183, and Oct., p. 235. Med. Times and Gaz., April and May.

In speaking of connective tissue, the author remarks that the common theory is that it exists everywhere, as a common bond and matrix to all other tissues. But it can scarcely be said to exist in young animals or in very small animals—the mouse, for example. It is commonly described as consisting of cells and intercellular substance, the latter being identical with white, fibrous tissue ; and this has been assumed to be formed by the fibrillation of solidified exudation from the blood. Dr. Beale's researches led him to believe that white, fibrous tissue consists of masses of germinal matter, imbedded in formed material. Of connective tissues there are many varieties, the areolar, white, yellow in various forms, and the mucous tissue, as in the umbilical cord and vitreous humour. All of these pass by imperceptible gradations into cartilage and bone. In white, fibrous tissue the masses of germinal matter are continuous ; in cartilage they are discontinuous and isolated by the formed material. Most elementary parts pass into connective tissue. Querry :—Is it, then, anything special, or is it ill-developed tissue ? Virchow believes the cells of areolar tissue to com-

municate by tubes as in bone, and that the yellow elastic tissue is tubular, thus forming a tubular, anastomosing, nutritive system, capable also of propagating morbid processes; but such anastomoses are believed by the author to exist only as deceptive appearances, and not as realities. The appearance of tendon is particularly shown, with its rows of elongated particles rendered evident by acetic acid, coloured by carmine, and most numerous in the young. Dr. Beale believes that the true interpretation is to be found by calling the nuclei germinal matter, and the white, glistening fibres its formed material.

The theory of morbid growths the author explains by saying that tissue may be supposed to have an unlimited potentiality of growth, but, in a normal state, it is restrained by various circumstances, of which the action of the lymphatics, and the growth of the lymph-corpuscles within them, whereby excess of nutrient matter is taken up, is probably one. But if the natural limiting powers be interfered with, any tissue may grow. A simple tissue, as the fibrous, may generate a tumour like itself; in the more complex, as muscle, the resemblance soon ceases. Thus, scirrhus of the pylorus appears to begin with an increase of the muscle-cells in number; next, they get a fibrous look, although they retain the structural form, just as the muscular fibres of the uterus of the mouse may be seen to shade off into areolar tissue, by every possible gradation. Those structures which naturally grow the fastest may give rise to the most rapid and unrestrainable morbid growths; and in these two parts are distinguishable, viz., a matrix of exaggerated fibrous tissue and descendants of the normal gland- or tissue-cells, in every degree of alteration. Between a *cancer-cell* and the natural cell or elementary part of the tissue there may be every gradation. With regard to the propagation or diffusion of morbid growths, he gave the analogous instance of transplantation of tissues, as of hair, teeth, and periosteum, and expressed his belief that extremely minute spherical portions of the germinal matter may find their way into the blood-vessels and lymphatics, and be deposited and grow in other organs. ('Med. Times and Gaz.', May 4th to 25th.)

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SAVORY, Wm. S. (Bartholomew's).—*On the relation of the Vegetable and Animal to the Inorganic Kingdom.* Lancet, June 8th, p. 553; and June 15th, p. 579.

In this lecture, which was delivered at the Royal Institution, Savory remarks that plants and animals, when viewed in the relation in which they stand to inorganic substances, may fairly be regarded as together constituting one great kingdom of nature—the organized. For however widely their more advanced members may be separated, there can be no denial of the fact that plants and animals are connected by common characters—those very characters by which they are especially distinguished from the inorganic kingdom. Very many of the proposed means of distinction between organized and inorganic bodies apply with great force to the more advanced animals and plants, but they are found to be at fault when tested by those cases in which organization and life appear to be reduced to their simplest terms.

The supposed essential difference in structure between organized and

inorganic bodies has been, and is still, very generally stated to be that, whereas the structure of an inorganic substance is homogeneous, the structure of organized bodies is heterogeneous, even the simplest forms presenting at least a distinction of cell-wall and cell-contents. The author not only believes in the existence of simpler tissues which have been developed independently of the agency of cells, but also asserts that it may be shown that in the development even of the most complex tissues cells have no share. He says that muscular fibre, for example, is formed by the aggregation of cytoplasmic cells, and their investment by surrounding blastema. No nucleated cells are concerned in any way in the process, and that further growth and development of the fibre is by the addition of fresh substance to its exterior.

When speaking of the "vital principle," the author remarks that our knowledge of the vital processes has not been in any measure advanced by the assumption of what has been styled a "vital principle"—an empirical term, which, like some others, when employed in physiology, is, even at the best, equivalent to nothing more than the final letters of the alphabet in an algebraical formula; for it is, when used in its least objectionable sense, a mere expression of something unknown. But the assumption of such an agent or principle, however designated, annihilating or suspending the operation of forces acting elsewhere, has not proved altogether harmless in its influence upon the progress of knowledge. By referring all vital actions to this obscure agency, while nothing was thereby explained, inquiry was, to a great extent and for a long while, checked. Many, dazzled by the idea that the nature of vital phenomena was exalted by thus associating them with some mysterious and peculiar principle apart from and opposed to those agencies which act elsewhere, missed the grander conception that even in the vital functions may be recognised the operation of forces, some of which, at least, are common to both kingdoms, while between these and others which appear to be peculiar to living tissues it is probable that some relation may exist like what we know exists between the chemical and physical forces.

Finally, Savory clearly points out the fact that the gap between man and the animals around him is ever narrowing, that the separation of the animal and vegetable kingdoms is gradually becoming less distinct, and that the organized and inorganized worlds gradually approach each other as science advances, and knowledge becomes more extended.

RICHARDSON, Dr.—*On the Phenomena of Life.* Lettsomian Lectures.  
Med. Times and Gaz., March 2nd, p. 229.

In the notice of the second lecture, given in the 'Medical Times and Gazette,' it is stated that four propositions were introduced into this lecture:—(1) That caloric is the primary source of motion in nature, and that it is, therefore, the source of life in so far as motion represents life. (2) That the evolution of animal caloric takes place mainly in respiration. (3) That the combination of the oxygen of the air with the carbon of the blood is due to the extreme distribution of the carbon over the capillary surfaces; and (4) that caloric is the primary source of animal motion, and is alone sufficient to restore muscular irritability.

These points were all fully elaborated, and many of the modern views, such as the view that the iron of the blood-cells is the carrier of oxygen for the production of heat in the systemic circuit were closely combated. The last proposition was left for the concluding lecture of the course. The lecture on this occasion opened with an experiment. An animal destroyed before the lecture hour by chloroform was placed on the table, and a tube inserted in the aorta. Water of a temperature of  $115^{\circ}$  was then slowly injected, when the limbs, as well as the muscles of the trunk and neck, underwent rapid and vigorous movement.

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HELMHOLTZ, Prof.—*On the application of the Law of Conservation of Force to Organic Nature.* Proc. Roy. Inst., and Med. Times and Gaz., June 1st, p. 569.

In a lecture delivered at the Royal Institution, Helmholtz remarks that the most important progress in natural philosophy by which the present century is distinguished has been the discovery of a general law which embraces and rules all the various branches of physics, chemistry, and physiology. This law at present is commonly known by the name of "the principle of conservation of force." It might be better, perhaps, to call it, with Mr. Rankine, "the conservation of energy." The meaning of the law of conservation of energy may be expressed by saying that every force in nature, when it effects any alteration, loses and exhausts its faculty to effect the same alteration a second time. But while, by every alteration in nature, that force which has been the cause of this alteration is exhausted, there is always another force which gains as much power of producing new alterations in nature as the first has lost. Although, therefore, it is the nature of all inorganic forces to become exhausted by their own working, the power of the whole system in which these alterations take place is neither exhausted nor increased in quantity, but only changed in form. Some special examples will render this law more easily understood than any general theories. To commence with gravity, that most general force, which not only exerts its influence over the whole universe, but which, at the same time, is the means of moving a great number of our machines. By the force of a falling weight another weight can be raised, as, for example, the falling water in a water-mill may raise the weight of a hammer. The amount of work cannot, however, be greater than the product of the weight of water which is falling down, and the height from which it falls. There is another form of mechanical motive power—velocity. The velocity of any body in this sense, if it is producing work, is called *vis viva*, or the living force of that body. There are many examples of it—for instance, the ball of a gun. When shot off, with great velocity, it has an immense power of destroying, but when it has lost its velocity, is quite powerless. In the same sense, the velocity of the air is motive power, for it can drive windmills, and by the machinery of the windmills do every kind of mechanical work. Therefore, velocity in itself is a motive force. Another example is the elasticity of a bent spring. It can do work, it can move machines. The springs of the watch and cross-bow, for

example, are bent by the force of the human arm, and they become in that way reservoirs of mechanical power. The mechanical power which is communicated to them by the force of the human arm is afterwards given out, by a watch, gradually, during the next day, while by the cross-bow the power is spent suddenly. The elasticity of air can be a motive power in the same way as the elasticity of solid bodies; if air is compressed, it can move other bodies; for instance, the air-gun acts on the same principle as the cross-bow. The air is compressed by the force of the human arm; it becomes a reservoir of mechanical power, and, if it is shot off, the power is communicated to the ball in the form of *vis viva*, and the ball has afterwards the same mechanical power as is communicated to the ball of a gun loaded with powder. The elasticity of compressed gases is also the motive power of the mightiest of our engines—the steam-engine, but here the case is different; the machinery is moved by the force of the compressed vapours, but the vapours are not compressed by the force of the human muscles, as in the case of the compressed air-gun. The compressed vapours are produced immediately in the interior of the boiler by the heat which is communicated to the boiler from the fuel. In this case, therefore, the heat comes in the place of the force of the human arm, so this example proves that heat is also a motive power. On the other hand, heat can also be produced by mechanical power, namely, by friction and the concussion of inelastic bodies. A piece of iron can be brought to a high temperature, so that it may become glowing and luminous, by only beating it continuously with a hammer. In the steam-engine it is evident that heat is the origin of motive power, but the heat is produced by burning fuel, and, therefore, the origin of the motive power is to be found in the fuel, that is, in the chemical forces of the fuel and in the oxygen with which the fuel combines. From this we see that the chemical forces can produce mechanical work, and be measured by the same units and the same measures as any other mechanical force. The whole universe represents such a system of bodies, endowed with different sorts of forces and energy, and, therefore, we conclude from the facts above named that the amount of working power or energy in the whole universe must ever remain the same. The first exposition of this general principle was published in Germany, by Mr. Mayer of Heilbron, in the year 1842. Mr. Mayer, (a medical man) was much interested in the solution of physiological questions, and he found out the principle of the conservation of force while engaged in physiological inquiries. At first sight, it seems very remarkable and curious that a physiologist should have discovered this law. It would appear more natural had it been detected by a natural philosopher or engineer; there is, indeed, however, so close a connexion between the fundamental questions of engineering and the fundamental questions of physiology that the same law applies to both. In order to get a machine into motion it is necessary to have motive power, either in the shape of water, fuel, or living animal matter. If the living body be compared to a steam-engine, there is a complete analogy. The living body changes a certain amount of food into carbonic acid, water, and nitrogen,

and in so doing gives out a certain amount of heat and performs a certain amount of work. The living animal, therefore, like the dead machine, changes chemical force into mechanical power. The laws of animal life agree therefore with the law of the conservation of force. The idea that the physical forces in the living body are under the power of a "vital principle" is gradually yielding to the opinion that all forces in the living body, as far as they produce chemical and mechanical effects, are of the same character as those of inorganic nature. This is the fundamental principle of physiology alluded to in the beginning of this abstract. The author concludes by saying that physiologists in the beginning of the present century thought that it detracted from the dignity and nature of life to suppose that the blood was driven through the vessels by the mechanical action of the heart, or that respiration took place according to the common laws of the diffusion of gases. The present generation, however, is hard at work finding out the real causes of the different processes going on in the living body. They believe that there is no other difference between the chemical and mechanical actions in the living body and out of it than can be explained by the more complicated circumstances and conditions under which these actions take place, and we have seen that the law of the conservation of force legitimises this position.

## OSSEOUS SYSTEM, ETC.

VIRCHOW (Berlin).—*On the Theory of the Vertebrate Skull.* Med. Times and Gaz., Nov. 23rd, p. 537.

WARD, F. O.—*Outlines of Human Osteology.* 2nd edit. 32mo, London.

HOLDEN, LUTHER.—*Human Osteology; comprising a description of the Bones, with delineations of the Attachments of Muscles.* 3rd edit. 8vo, London.

CLELAND, DR. JOHN.—*On the relations of the Vomer, Ethmoid, and Intermaxillary Bones.* Proc. Roy. Soc., No. 44, p. 163.

HYRTL.—*On the Pneumatic Process of the Occipital Bone.* Trans. Brit. Assoc., 1861.

WILKENS, M.—*On the Chemical Constitution of Cartilaginous Tissue.* Zeitsch. f. w. Zool., vol. x, p. 467. Canst., vol. i, pp. 40, 43.

LUSCHKA.—*The Sterno-pericardial Ligaments of the Horse.* Verh. d. Würzb. phys. med. Ges., vol. x.

HENKE, H.—*The Mechanism of the Double Joints with intervening Cartilages.* Zeitsch. f. rat. Med., 1860.

LANGER.—*The Articulation of the Lower Jaw of Man.* Sitz. ber. d. Wiener Akad., vol. xxxix, p. 457.

ROBIN and MAGITOT.—*Memoir on the Origin and Development of the Dental Follicles until the time of Cutting the Teeth.* Journ. de la Physiol., Jan., 1861, p. 60; April, p. 145.

SALTER, S. JAMES A., M.B.—*On the Structure and Growth of the Tooth of Echinus.* Proc. Roy. Soc., No. 44, p. 166.

HUMPHREY, DR.—*Observations on the Growth of the Long Bones and of Stumps.* Trans. Roy. Med. and Chir. Soc., vol. xliv, p. 117.

In the first part of this paper the author gave the results of some experiments with madder upon the bones of pigs. They were confirmatory of the observations by Hales, Duhamel, Hunter, and others, that the elongation is effected by addition at the ends of the shafts, the addition being effected by growth and ossification of the epiphyseal strata of cartilage on the side next to the shaft. The experiments further showed that the growth at the two ends of the shaft is unequal; that it is usually most rapid at the larger end of the bone; and that it is always most rapid at the end where the epiphyseal cartilage remains latest—that is to say, the growth proceeds most rapidly at the end where it is longest continued. The proper relation of the soft parts to the bone during the periods of growth is maintained by the interstitial growth of the periosteum, and by the continual sliding or shifting of that membrane upon the bone towards the end at which the growth is most rapid. This is attended with a certain traction upon the medullary and other vessels, and determines the direction of the canal for the medullary artery, which is always slanted towards that epiphysis which is last ossified to the shaft, in other words, towards that epiphyseal line in which growth proceeds most quickly. The amount of growth in the respective epiphyseal lines corresponds exactly on the two sides of the body, though that on the one side is not affected by the other, and it appears to regulate the amount of growth of the soft parts, for, if it be either arrested or accelerated, the growth of the soft parts is affected in a similar manner.

In the second part of the paper the author showed the common impression, that a stump keeps pace with the rest of the body in its growth, to be erroneous. He did this by measurements made upon persons who had undergone amputation in childhood, and by experiments upon animals. The rate of growth varies. The stump rarely maintains its relation to the corresponding segment of the other limb, and it fails to do so most markedly in those parts in which the growth of the bone takes place chiefly at the lower end. The information derived from the measurements of stumps is shown to be quite corroborative of the observations made, in the first part of the paper, respecting the growth of the bones at their epiphyseal lines. The instances in which the bone of a stump elongates so as to be troublesome and require a portion to be removed are regarded by the author as quite exceptional, the phenomenon being probably due to some irritation, and being, therefore, of the same nature as the spiculae and exostoses which are occasionally found upon stumps and on other parts of the skeleton.

**OLIER.**—*On the Longitudinal Growth of the Bones of the Limbs, and the share which their two extremities take in the process.* Comptes Rendus, Jan. 28th, 1861, p. 130.

By inserting leaden nails into the centre of the longitudinal diameter of the long bones of growing animals—rabbits, fowls, sheep, &c., and after the lapse of some weeks or even months observing the relative position of the nails, this experimenter has discovered that the bones do not increase equally in length at both ends.

1st. The humerus increases in length more at its upper than at its lower extremity.

2nd. In the radius and ulna, on the other hand, the increase in length

takes place more below than above. As regards the lower extremity the reverse is observed, thus—

3d. The femur, which is the analogue of the humerus, grows more at its lower than at its upper end.

4th. The tibia, on the contrary, increases chiefly at its upper part.

It thus appears that in long bones the growth is most vigorous at the extremity where the epiphysis remains longest free, a fact which the author does not, however, look upon as the mere mechanical result of fusion of the opposite epiphysis, for this preponderance of the growth of the bone in one direction takes place even before either of the epiphyses has become united to the bone. Neither is it the result of the direction of the nutritious artery, for that varies in different species of animals, while the above-mentioned law of growth remains unchanged.

The practical inferences from these data are that the resection of the elbow-joint, in the growing individual, will entail no great eventual abridgment, whilst in the resection of the knee-joint the effects will be much more marked. By the same rule, excision of the shoulder-joint will shorten the limb relatively more than that of the hip-joint, and resection of the wrist more than that of the ankle.

See also 'Journ. de la Phys.,' Jan., 1861, p. 87, and—

BROWN-SÉGUARD's *Remarks on the preceding Memoir.* Ib., p. 137.

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**FLOURENS.**—*Note on the Longitudinal Development of Bones.* Compt. Rendus, Feb. 4th, 1861, p. 186.

In this communication the perpetual secretary of the Academy recapitulates his old experiments on the growth of bones, and, in reference to Ollier's observations, remarks that each end of every bone, in a definite degree, contributes to the lengthening of the bone, and insists on the complete dependence of this law on the invariable periods at which the epiphyses of shafts become incorporated. Contrary to Ollier, he says that growth entirely ceases when the epiphysis becomes united to the shaft. Hence it is that the greatest lengthening of a long bone is, as Ollier observed, at the end at which the union between the epiphysis and shaft is latest in occurring.

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**LUSCHKA.**—*The Medullary Cells in the Diaphyses of the Tubular Bones of Man.* Würzb. Verh., vol. x, p. 175. Canstatt, vol. i, pp. 41, 97.

This observer remarks that the granular, nucleated, roundish cells, found to occur not only in the spongy substance, but on the surface of the medulla, of long bones, are of especial interest, inasmuch as in hyperæmia, for instance, their number may undergo vast increase, and purulent collections and cancer may originate from them. In birds the bones which do not contain air are occupied by a marrow chiefly composed of such cells, whilst those which contain air are lined with a membrane of connective tissue, which is paved with them.

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**MARTINS.**—*New comparison of the Pelvic and Pectoral Limbs of Man and the Mammalia, grounded on the torsion of the Humerus.* Mole-schott's Untersuch., vol. vi, part 5. Canst., vol. i, p. 96.

According to this inquirer—(1) The head of the tibia, in man and most mammalia, represents the combined heads of the radius and ulna

a view supported by the fact that in some marsupials there is no such union, and the patella—the homologue of the olecranon—is connected with the (moveable) fibula. (2) The surface of the outer condyle of the tibia and that of the patella together correspond to the sigmoid cavity of the ulna, whilst the surface of the inner condyle answers to the glenoid cavity of the radius. (3) The anterior tuberosity of the tibia is analogous to the upper portion of the posterior margin of the ulna, below the olecranon. (4) The upper third of the fibula is, therefore, considered to express only the fore part of the ulna.

The *muscles* of the limbs are classified by the author into—(1) such as are inserted at both ends into homologous points of bone, (2) such as have but one homologous attachment, and (3) those without traceable homologues.

The differences in the course of the main arteries, and in the division and course of the nerves, of the two extremities, are very plausibly traced to a virtual *torsion* of the humerus.

**HYRTL.**—*Pneumatic Occipital Bones.* Wien. Med. Wochenschr., 1860, No. 45. Canst., vol. 1, p. 95.

Among 600 skulls the author found three which, at the occipital insertion of the rectus capitis lateralis, presented a flat eminence, about the size of a hazel-nut, containing cells in communication with those of the mastoid process. In one of the three this structure existed only on one side.

**ADAMS, WILLIAM** (Royal Orthop.)—*On Curvatures of the Spine.* Med. Times and Gaz., Sept. 7th, p. 235.

The author makes the following statements regarding the healthy anatomy of the human spine:—The moveable portion of the spinal column, above the sacrum, is composed of twenty-four vertebrae, the bodies of which, except the two first bones, are separated from each other by the intervertebral fibro-cartilages, through the medium of which it may also be said that the bodies of the vertebrae indirectly articulate with each other; but the bones are directly connected only by the oblique articular processes, the situation of which, posterior to the bodies and to the spinal canal, it is important to bear in mind, as we shall see that in various movements of the body in which the spine is bent sideways the weight is thrown upon these articular processes, which are therefore liable to yield and become altered in form in the earliest stage of distortion of the spine. In the erect position of the body the weight is directly transmitted through the bodies of the vertebrae and the intervertebral cartilages, which, including that between the last lumbar vertebra and the sacrum, are twenty-three in number.

In a male five feet ten and a half inches high the spine gave the following measurements :

Total length of the spine above the sacrum (the measurement following the curves along the centres of the bones and cartilages)	Inches.
	23·6
Total length of the spine in a straight line, taken by a cord strained from the upper edge of the sacrum to the summit of the atlas	23·1
Sum total of the thickness of the twenty-three intervertebral cartilages between the sacrum and the axis, measured through their centres	5·9
Sum total of the thickness of the bodies of the twenty-four vertebrae, at their centres	17·7

Adams further remarks that, from a careful measurement of fourteen adult skeletons in the Royal College of Surgeons, including the skeletons of the Irish and American giants and the Sicilian dwarf, as well as those from the Bushmen, Negro, Polynesian, and Australian races, he has found that the average length of the spine—that is, taking its vertical height from the top of the atlas to the upper surface of the sacrum—forms, as nearly as possible, one third of the total height of the skeleton. In seven instances this relative proportion is exact; in five, the spine is half an inch in excess; in one, an inch in excess; and in one, half an inch less. When the measurement is taken along the anterior surfaces of the bodies of the vertebrae, the curved form of the spine generally gives from one to two inches more in excess of the one third taken as the vertical height. The spine, therefore, varies in length, according to the height of the individual, with great regularity, always maintaining, in well-proportioned individuals, the relative proportion of one third to the total height of the skeleton.

TROMMER, C.—*The Chemical Nature of Chondrogenous (or true) and of Collagenous (or bone) Cartilage.* Virchow's Archiv, vol. xix, p. 554.

In this paper the author opposes the conclusion of Friedleben ('Year-Book,' vol. ii, p. 19), that bone-cartilage only differs from true cartilage because, being extracted by muriatic acid, it thereby suffers a change. Trommer, however, remarks that the acid does not affect true cartilage at ordinary temperatures, if it be subsequently completely removed by washing and by neutralization with ammonia, whilst, under the same circumstances, bone-cartilage is collagenous in its reactions. And Wilkens (Zeitschr. f. w. z., vol. x, p. 467) objects to the view that the presence of sulphur distinguishes genuine chondrin.

#### MUSCULAR SYSTEM.

MARGO, TH.—*On the Muscular Fibres of the Mollusca. A Contribution to the comparative Structure and Development of Muscular Tissue.* Moleschott's Untersuch., vol. vii, p. 165.

SCZELKOW.—*Towards the Histology of the Striated Muscles.* Virchow's Archiv, vol. xix, p. 215.

The author confirms the results obtained by Böttcher, and stated in 'Year-Book,' vol. i, p. 24.

BOCKDALEK, jun.—*Contribution to the Anatomy of the Laryngeal Muscles.* Oest. Ztschr., Nos. 4 and 16. Canst., vol. i, p. 97.

Under the name of "posterior crico-thyroid," the author describes a muscle arising by a partly fleshy and partly tendinous attachment just above the inferior point of insertion of the posterior crico-arytenoid, and proceeding in a round bundle outwards and upwards, to be inserted into the posterior margin of nearly all the inferior cornu of the thyroid cartilage. This muscle occurred to the author in one out of every six subjects, always on one side only, and invariably in females. It was once found on both sides, and in a man, by Patruban. It has already been

described by Merkel ('Anat. u. Phys. der Menschl. Stimme,' Leipzig, 1857).

**GRUBER.**—*Supernumerary Muscles of the Chest.* Mém. de l'Acad. des Sc. de St. Petersb., vol. iii, 2. Canst., vol. i, p. 98.

The following anomalous pectoral muscles were first observed by the author:—(1) The "præ-clavicular," which was found three times in 122 bodies, and extends between the anterior surface of the manubrium sterni and the lower margin of the clavicle; (2) the "pectoralis minimus," attached to the middle of the first costal cartilage and the coracoid process; and (3) a muscle proceeding from the ends of the first and second costal cartilages, and, inferiorly, from the margin of the sternum, to its membranous insertion into the deep lamina of the sheath of the deltoid.

**TURNER, W., M.B. (Lond.)**—*On the Irregularities of the Omo-Hyoid Muscle; with remarks upon their bearings on the Surgical Anatomy of the Muscle.* Edin. Med. Journ., May, p. 982.

As the omo-hyoid is naturally divided into two bellies, an anterior and a posterior, by an intervening tendon, the author finds it most convenient to class the irregularities of the muscle into two groups, viz.—

1st. Irregularities of the posterior belly.

2nd. Irregularities of the anterior belly.

Deviations from the normal arrangement of the posterior belly are more frequent than those of the anterior; for, of the twenty cases recorded, the posterior belly was affected in seventeen instances, and of these eleven occurred in female and six in male subjects.\* The departure from the normal arrangement of the muscle consists in the posterior belly assuming a connexion to some portion or other of the clavicle. In eight cases this clavicular attachment was found on both sides of the neck, in four cases on the right side only, in five cases on the left side. The part of the clavicle to which the muscle was attached was generally the inferior surface; in the greater number of instances it was connected to the middle third of this surface, next in frequency to the outer third, and very rarely, only one case, to the inner third, its insertion in this instance being concealed by the clavicular fibres of the sterno-mastoid. These do not include those constantly occurring cases where the cervical fascia binds down the muscle close to the clavicle, without any distinct attachment, however, taking place between them. This clavicular attachment of the posterior belly may be the only one that it possesses, so that the muscle may be said to arise from the clavicle, as was seen in nine out of the seventeen bodies in which an irregularity of the posterior belly was met with.

2nd. Irregularities of the anterior belly.

Deviations from the normal arrangement of the anterior belly are neither so frequent nor so important as those of the posterior. Of the numerous subjects examined, not more than five presented examples of any noteworthy irregularity; two of these were conjoined with a cla-

\* There are a much larger proportion of female than male subjects dissected. The proportion is, therefore, about equal in the two sexes.

achment of the posterior belly; in the remaining three the belly was perfectly normal. In four out of the five cases the belly became blended by its inner border with the adjacent sterno-hyoid muscle, so that it appeared to form with it a divided plane of fibres. This intimate union of the two is generally accompanied by a peculiar condition of the d, a fibrous band extending from the intermediate tendon of hyoid, so as to divide the sterno-hyoid into two portions, an a lower.

*I, AUG.—On the Growth of the Striated Muscles, from observation on the Frog.* Zeitsch. f. rat. Med., vol. x, p. 263. Canst., p. 48.

Margo, who advocates the exclusively *interstitial* growth of lar fibre, Weismann is led to the conclusion that muscle is mainly due to *multiplication* of the fibres by division, preceded by multiplication and bi-linear arrangement of the repeated in each succeeding generation of fibres.

*PH.—The Nuclei-form Structures of the Primitive Muscular es.* Erlangen, 1860. Canst., vol. i, p. 45.

*H.—The Nuclei-form Structures of the Striated Muscular and the question of the existence of a Plasmatic Vascular in Muscles.* Zeitsch. f. rat. Med., vol. x, p. 238. Canst., p. 45.

who contends that the nuclei of the muscular fibres are ut lacunæ containing coagulable matter, is corrected by he has, in the proteus, even succeeded in *isolating* the body

ur observer decidedly negatives the opinion that these struc- her form an intercommunicating system, though he believes e from the capillaries plasma destined probably to restore the n of the fibre after a period of activity.

*—On Chemical and Physical Processes in Muscular Substance.* che Klinik, 1860, April 28th. Canst., vol. i, p. 5.

ig to the author's researches—(1) A frog's muscle contracts y than natural if it is fatigued or anaemic, dry or injected , or cooled to 4°. (2) The contraction is most rapid when has lain a little while in water, or has been warmed to 95°. g slightly lengthens the frog's muscles, warming to 95° greatly item. The muscles of the mammalia are shortened by a heat of re killed by a slightly higher temperature. (4) These phe- e attributed by Harless to the coagulation of a certain albu- mstance.

*.—The Operation of Different Reagents on the Striated Muscular ent.* Zurich, 1860. Canst., vol. i, p. 49.

he guidance of Frey, the author carried out a series of expe- extension of the earlier researches of Hæckel, tending to the sarcous elements of the muscular fibre are cemented

transversely and longitudinally by two distinct substances, differing very remarkably in their comportment towards reagents.

**HARLESS, E.**—(1) *On the Chemical Alteration of the Muscular Juice by Warmth and Movement.* Bayer. Aerztl. Intell. Bl., 1860, March.  
(2) *Researches on Muscular Substance.* Sitz.-ber d. Bayer. Acad., p. 94. Canst. vol. i, pp. 152, 243.

The author found that—(1) The fluid freshly expressed from muscle or extracted from it by water, precipitates (at about 113° in the case of mammals, and about 95° in that of frogs) a substance essentially similar to casein. (2) In the intact muscle this substance coagulates, after the circulation has ceased, by the influence of an acid which the absence of a current of blood permits to accumulate. (3) The amount of this acid depends (a) on the period which has elapsed since death occurred; (b) on the species of the animal, and its condition before death; and (c) on the temperature, being somewhat increased by its reduction and much more so by its elevation. (4) The acid is not volatile, and is extracted by water, but not by alcohol. It is proved not to be phosphoric acid. (5) The acid fermentation is favoured by moderate degrees of warmth and galvanism. (6) During life the acid is constantly neutralized by the alkalinity of the blood. (7) Rigor mortis depends upon the combined effects of the coagulation of the albuminoid substance and the operation of the free acid in impairing the elasticity and pliancy of the muscles. (8) The presence of free acid enhances the susceptibility of muscles to irritants, whence the increased irritability of muscles which are ill-supplied with blood.

**AUERBACH, L.**—*On Muscular Contractions caused by Mechanical Irritation in the Living Subject.* Ber. d. Med. Sect. d. schles. Gesellsch., 1859, 1860, p. 32. Canst., vol. i, p. 162.

The author suggests that the contractions excited in muscles by percussing them is the essential result obtained by the tapping and beating which form part of the Swedish medical gymnastics. In two among more than one hundred persons examined, the contraction was observed to progress in undulations towards the ends of the muscle. One of the persons was suffering from tuberculosis, the other from the effects of excessive exertion.

**ETTINGER, F. G.**—*The Relations of the Blood to Muscular Irritability.* 8vo, Nürnberg, 1860. Canst., vol. i, p. 153.

In experiments carried on with Harless the author found that frogs' muscles, from which the blood had been removed in considerable quantity, were far more irritable than those well supplied with it, although the latter more quickly recovered from fatigue than the anaemic muscles.

**KÜHNE, W.**—(1) *Myological Inquiries.* 8vo, Leipzig, 1860.  
(2) *On the Chemical Irritation of Muscles and Nerves, and its import with regard to the question of Irritability.* Verh. d. sächs. Gesellsch., 1860, p. 315.  
(3) *Inquiries on Movements and Alterations of the Contractile Substance.* Verh. d. sächs. Gesellsch., 1859, p. 564.  
(4) *On Porret's Phenomenon in Muscle.* Archiv f. Anat. u. Phys., 1860, p. 542. Canst., vol. i, pp. 46, 54, 152.

The author's inquiries on the mode of termination of the muscular nerves may be summed up as follows:—He states that the sartorius of the frog, after lying twenty-four hours in hydrochloric acid diluted to one-tenth p. c., is found to be so transparent that the branches of nerve may be clearly traced. These frequently form loops, from which issue primitive fibres, running between the muscular fasciculi, and bifurcating in their course. At the two ends of the muscle however, no nerve-fibres are to be seen, even with the best microscope. By separating the fibres of the fresh muscle the ultimate divisions of the primitive nerve-fibres may each be seen to form a nodule which is intimately connected with the muscular fibre. All the nerve-fibres contain medullary substance. Having sought in vain to trace the intra-muscular terminations of the nerve in the mammalia, the author pursued the inquiry in insects. The nerves of the *Hydrophilus* are essentially similar to those of higher animals. Just before they pierce the sarcolemma, the sheath, the medulla, and sometimes a relatively broad cylinder-axis are still visible; but within the sarcolemma the axis, no longer surrounded by medulla, merges into a series of molecules, believed by the author to be a continuation of its substance, and eventually to become undistinguishable from the contractile elements.

With regard to muscular irritability the author states that:—  
 (1) Since excitation of the motor nerves produces twitchings more easily than that of the muscular substance, it is found that the faintest electric currents capable of inducing contraction of the middle of the sartorius, (where the nerve enters) are ineffective when applied to the (nerveless) ends, though a stronger current there produces the same effect as when addressed to the nerve. (2) The excitability of the tract supplied with nerves diminishes from the centre towards both ends of the muscle with the lessening supply of nerves. (3) Glycerine, however long applied to the nerveless region of the muscle, never provokes a trace of contraction, whereas in the nervous portion it leads to tetanus. (4) Extremely faint electric currents produce *local* spasms wherever the nerves are wanting, whilst they excite powerful and extensive contractions where nerves exist. (5) Owing to the subdivision of the primitive nerve-fibres, reversed conduction may be demonstrated in the motor fibres. It must be premised that heat of  $104^{\circ}$ , distilled water, dilute hydrochloric acid (one tenth p. c.) or solution of sulphocyanide of potassium (one p. c.), are agents which destroy the muscular, but not the nervous power. Now, if, after the operation of one of these upon a portion of the muscle, that spot be irritated, fibrillar twitchings ensue, but only at remote and unaffected parts. The author here relates an interesting experiment in illustration of this point. If one end of the sartorius be longitudinally divided, and a succession of cross sections be made in one of the heads, test-irritants being applied to each section as it is made, a nervous spot is at last reached, where the contractions, previously limited to one-half of the muscle, extend to the whole. Yet, even here, the twitching is unilateral if the irritants be such as act on muscle alone.

With reference to the origin of rigor mortis, the author remarks—  
 (1) that its appearance is almost invariably heralded by acid reaction

of the muscles, which during life have an alkaline one, though these *may* (as in starved rabbits) stiffen whilst they are still alkaline. (2) Whilst the excitable muscle is transparent, the rigid is (in the frog) white and opaque. A muscle continues transparent some time after its irritability is gone, and at this stage, restoration of the circulation renews its contractility, a fact which gave rise to the statement that rigid muscles may recover their activity. If the hinder half of a living frog be immersed in oil at  $104^{\circ}$ , the rigor calor is produced in the hind limbs does not yield for even four or five weeks after the immersion. (3) The fluid expressed from bloodless muscles is alkaline, and some time after its extraction precipitates an albuminous coagulum; whence the author infers that rigor mortis depends on coagulation of this substance.

The article "On the Chemical Irritation of Muscles and Nerves, &c.," is occupied with a critique of the strictures made by Wundt, Schelske, and Funke, on a similar paper, reported in last 'Year Book,' p. 23.

With reference to the effects of woorara, the author found that of a specimen obtained by Carray from the Ticunas Indians, on the banks of the Orinoco, 10000 of a grain sufficed to poison a frog. In his observations he employed a solution of one milligram in one cubic centimetre of water, which was introduced under the skin, or into the abdomen. A frog thus treated becomes motionless in a few minutes. "Tetanization" of the spinal cord or of the nerves causes no spasm. Tested with electric currents the sartorius is found to be most susceptible near the entry of the nerve, less so in the adjoining regions, and least of all in the parts destitute of nerves. The irritability is inferior to that of the healthy muscle. If one iliac artery be ligatured before, and the other after, the poisoning, the nerveless portions of both sartorii are equally irritable, whereas in the nervous tracts the unpoisoned muscle is the more sensitive. But if the nerve of the latter be brought into a state of an-electrotone, the muscle no longer replies to currents which contract the poisoned one. The intra-muscular nerves are therefore assumed to remain unaffected. Concentrated glycerine applied to a section of the nerveless spots of the poisoned muscle produces contractions, which is not the case in the healthy muscle. Nervous sensibility, after its suspension by woorara poisoning or arrest of circulation, is observed to return in a centripetal direction.

**AEBY, CH.**—*On the Speed with which Muscular Contraction is Propagated.* Archiv f. Anat. u. Phys., p. 253, 1860. Canst., vol. i, pp. 5, 105.

From experiments made by means of a peculiar apparatus on the femoral adductor muscles of the frog, the author finds that muscular contraction is transmitted at the rate probably, of less than a yard per second. Contractions resulting from excitement of the nerve appear to commence at the terminal distribution of its branches, proceeding in the adductors from the ends towards the middle, and in the gastrocnemius from the lower to the upper end.

**BROWN-SÉQUARD, DR.**—*On the Relations between Muscular Irritability, Cadaveric Rigidity, and Putrefaction.* Proc. Roy. Soc., No. 44, p. 204.  
This paper formed the subject of the Croonian Lecture, and in it

the speaker endeavoured to establish the following law :—The greater the degree of muscular irritability at the time of death, the later the cadaveric rigidity sets in, and the longer it lasts, and the later also putrefaction appears, and the slower it progresses. While on the contrary, every cause which decreases the degree of muscular irritability before death, hastens the advent of cadaveric rigidity and the process of putrefaction.

**MUNK, H.**—*On the Influence of the Length of the Nerve on the Time of the occurrence of Muscular Death.* Allg. Med. Centralztschr., No. 8, Jan., 1860. Canst., vol. i, p. 165.

This writer found that the gastrocnemius of the frog took two or three times longer to die, when its nerve was separated from it, than when it remained in connection with it.

**DU BOIS-REYMOND, E.**—*Modification of Stenton's Experiment.* Archiv. f. Anat. u. Phys., p. 639, 1860. Canst., vol. i, p. 152.

In order to compress the lumbar aorta and vena cava in the rabbit, the author pierces transversely that region about the fourth vertebra, with a semicircular, sheathed needle, carrying a silken ribbon. The circulation in the hinder limbs may thus be interrupted and restored at pleasure. Paralysis of the feet commonly sets in after five to fifteen minutes, but it may occur within a few seconds. Budge observes that, in the frog, this effect takes a much longer time to supervene.

**FICK, A.**—*Precursory Notice respecting an Inquiry on the Physiology of the Smooth Muscular Fibre.* Wiener Med. Wochenschr., p. 577, Sept., 1860. Canst., vol. i, p. 165.

In experiments performed chiefly upon invertebrate animals, the author found that irritants throw the smooth muscular fibre into a continuous contraction, which takes some seconds to attain its height, where it often remains several minutes before it again, more or less quickly, relaxes. Fifteen or twenty minutes may elapse ere it perfectly returns to its former condition. Every irritant produces tetanic spasm, not twitching. The degree of abridgment of the fibres is quite independent of the rapidity of the variations in density of the electric currents. The duration of the current, however, essentially influences its effect, which increases with its continuance. Thus the duration of the current is a far more powerful element than is its intensity in determining the force of the contraction.

**MOLESCHOTT.**—*A Contribution to the Knowledge of Smooth Muscles.* Moleschott's Untersuch., vol. vi, p. 380. Canst., vol. i, p. 43.

The author states that the smooth muscles found in arteries of one-tenth millimetre in diameter do not, on an average, exceed a third of the length of those existing in the vesicles of the lung. The follicular muscles of the scalp are described as arising from the epidermis, and so densely encircling the sebaceous glands, that their contraction must necessarily cause the sebum to be evacuated into the hair-follicle. The author arrives at the most satisfactory results by the use of the reagents detailed in last year's 'Report,' ('Year Book,' vol. ii, p. 27.)

## VASCULAR SYSTEM.

- HALFORD, Dr. GEORGE B.**—*On the Time and Manner of Closure of the Auriculo-ventricular Valves.* Lond., 1861.
- ADDISON, Dr. WM.**—*Changes of Form in the Red Corpuscles of Human Blood.* Micros. Journ., Jan., p. 20; April, p. 81; July, p. 166.
- DAVY, Dr. JOHN.**—*On the Blood of the Common Earthworm.* Trans. Brit. Assoc., 1861.
- JACOBSON, H.**—*Contributions to Hæmodynamics.* Archiv f. Anat. u. Phys., p. 80.
- WATERS, A. T. H. (Liverpool).**—*Observations on the Rhythmic Action of the Heart, and its Duration in Asphyxia.* Lancet, July 20th, p. 59.

**RINDFLEISCH.**—*On the Development of the Vessels.* Virchow's Archiv, vol. xx, p. 213. Canst., vol. i, p. 71.

In order to determine whether the filaments, in which the processes of the growing vascular loops end, are necessarily united with the surrounding corpuscles of the areolar tissue, the author made a series of observations at intervals of several days on the tail of the same tadpole, and found that although when the vessels' path brought it into proximity with those bodies, they took part in the construction of its wall, yet when its route lay between the cell-territories, it pursued an apparently isolated course.

**BILLETER.**—*Contributions to our Knowledge of the Origin of the Vessels.* 4to, Zurich, 1860. Canst., vol. i, p. 70.

The author, whose observations were directed by Frey, states that, both in the mammalia and the amphibia, the mode of development of the capillary vessels is twofold: either—(1) a system of offsets from the growing tube connects it with similar processes from other capillaries; or (2) a simple capillary network retains its arrangement whilst assuming a more complex structure by the deposition of numerous cells destined to construct the cellular coat of the future larger vessel. In the mammalia, the latter mode is infinitely the more prevalent.

**LEYDIG.**—*On the External Coverings of the Mammalia.* Archiv f. Anat. u. Phys., 1859, p. 677. Canst., vol. i, p. 70.

The author finds that the muscles of the veins of the bat's wing betray unmistakeable traces of transverse striation, and thus approach in character to the contractile elements of sanguineous and lymphatic hearts. They form a single circular layer, and have a plexiform arrangement around the inner coat of the vessel. They are broader and less sharply defined than those of the arteries. These observations are of interest in relation to Mr. Wharton Jones' discovery of the rhythmical contraction of those veins.

**BETSCHENOW.**—(1) *Contributions to the Pneumatology of the Blood.* Ztsch. f. rat. Med., vol. x, p. 101.

(2) *Notices on Pneumatology.* Ib., p. 286. Canst., vol. i, p. 4.

In Ludwig's laboratory, this inquirer found that blood, deprived of

air by boiling at a low pressure, and by subsequent exhaustion, absorbed 16 to 20 per cent. of its volume of oxygen. Nitrogen was found to be imbibed in the proportion of 3 or 4 per cent. The blood of a dog, destroyed by closure of the trachea, yielded no oxygen, while the amount of free carbonic acid was increased, though not in proportion to the diminution of the oxygen; the combined carbonic acid and the nitrogen were in the proportion found in common arterial blood. In three analyses of the gases contained in milk, the author found that the quantity of oxygen was far less than that of nitrogen.

**ROBIN, C.—*Researches on some Peculiarities in the Structure of the Capillaries of the Brain.*** Journ. de la Physiol. Ed. Med. Journ., April, p. 947.

Dr. Gilchrist gives the following résumé of the author's researches. Robin says that there are three varieties of capillary blood-vessels:—1st. Capillaries from 100th to 300th of a millimètre in size, consisting of a single tunic, homogeneous, with ovoid nuclei, the long axis parallel to that of vessel. 2d. Capillaries from 300th to 700th of a millimètre in size, consisting of two coats,—one continuous and identical with that of the first variety, the other consisting of fibre-cells with nuclei, whose long axis is transverse to that of the vessel. 3d. Capillaries from 600th to 1500th of a millimètre in size, presenting the coats of the second variety, and a third external coat formed of fibrils of areolar tissue, running longitudinally, parallel and undulating. This variety of vessel is visible to the naked eye.

Robin has made a particular study of the fibre-cells of the second variety, and of these he gives a most minute description. He also describes a structure never before noticed by histologists. Around a certain number of the capillaries of the brain, spinal cord, and pia mater, is a delicate adventitious tunic or envelope, consisting of a homogeneous or slightly striated substance. This envelope may be found surrounding all the three varieties of vessels described. The space between this sheath and the wall of the capillary contains a colourless liquid, and a number of spherical free nuclei, which vary much in quantity at different points. In subjects beyond forty or forty-five years of age, masses of fat-granules are always found in this space. Very large grains of amorphous hæmatosin are also found amongst the spherical nuclei. Blood-globules he has never seen, and he supposes the hæmatosine to be an exudation from the capillary walls, in the substance of which it may sometimes be observed. This peculiar envelope Robin has observed in the vessels of the white and gray substance only; it does not exist in all vessels, but is in general not difficult to find. The structure is most minutely described, but no hypothesis as to its use or as to the function of the nuclei is offered.

**SRR.—*On the Distribution of the deep femoral Artery.*** Oester. Ztschr. f. prakt. Heilk., 1860, No. 1. Canst., vol. i, p. 101.

The following are the results of an examination of the profunda and its branches in one hundred bodies:—(1) The normal arrangement existed in 124 limbs, bilaterally in 42 subjects, and unilaterally in 40. Here the vessel arose from one to two inches below Poupart's ligament.

(2) The internal circumflex sprang separately from the femoral artery in 41 limbs! And here the profunda generally arose lower down than in the former instances. (3) The external circumflex had an independent origin from the femoral in 26 extremities. (4) Both circumflex vessels sprang from a stem distinct from that bearing the perforating arteries, in 2 instances. (5) Each circumflex had a separate origin from the femoral in 7 limbs.

It was found that the direction of the profunda was posterior and external to that of the femoral where there was an independent internal circumflex, whilst it was internal to the main artery when the separate vessel was the external circumflex.

The internal circumflex generally arises from the inner arc of the profunda or femoral, though it may have an external origin; but the external artery always springs from the external periphery.

**LUSCHKA.—*The Thoracic Portion of the Inferior Vena Cava of Man.***

Müller's Archiv, No. 5. Canst., vol. i, p. 102.

This is a precise description of the inferior cava, and its connexions. The author remarks that—(1) The medial aspect of the lower cava receives the arched fibres around the fossa ovalis, which blend as they proceed to the vessel. (2) The left auricle is directly connected with the lower cava, by a muscular fasciculus hitherto unnoticed by anatomists, which rises thin and flat on the posterior wall of the atrium, and pierces the fibres connecting the septum with the vessel, into which it is inserted at the posterior arc of the outer coat. It is probably this belt that keeps the vein patent. In one instance it was found highly developed. (3) The non-muscular part of the inter-auricular septum is agglutinated to the medial tongue of the tricuspid valve, and this will show the possibility of a morbid communication between the right auricle and the left ventricle without a breach in the wall of the right ventricle. (4) The right lung when distended, bears a slight furrow that marks the course of the inferior vena cava.

**JOSEPH, L.—*The Physiology of the Cardiac Valves.*** Virchow's Archiv, vol. viii, p. 495. Canst. vol. i, p. 123.

The author states that—(1) The muscular fibres in the venous valves of the heart contract at the end of the auricular systole and throw the segments into folds, while a circular elevation is formed all round the venous opening, which at the same time slightly enlarges. (2) The semilunar valves remain during the ventricular systole at no inconsiderable distance from the walls of Valsalva's sinuses.

**MALHERBE, Dr.—*Considerations on the Action of the Auriculo-ventricular Valves, and the Bruits of the Heart.*** Journ. de la Physiol. Ed. Med. Journ., April, p. 949.

The following are the conclusions the author has arrived at:—(1) The action of the auriculo-ventricular valves essentially differs from that of the sigmoid valves, and can in no respect be compared to them. (2) The occlusion of the auriculo-ventricular valves takes place by a sort of puckering (*froncement*), in which one cannot find the conditions

necessary for the production of a bruit. (3) The first sound is not due to a valvular clapping (*claquement*) ; it results from the shock of the blood against the walls of the ventricle, under the influence of the auricular contraction. (4) The shock of the heart against the thoracic walls is the consequence of this same contraction, which augments the volume of the ventricles in distending them, and imparts to them a forward movement. (5) Certain vivisections have shown that the ventricles, after their active contraction, remain in a state of tonic contraction. It is probably so in the human subject. (6) The second sound seems to depend on several causes, of which the principal are the percussion on the distended sigmoid valves of the column of blood contained in the arteries at the moment of arterial systole, and the sudden entrance of the blood of the veins into the auricles at the moment of auricular diastole.

**CHAUVEAU.**—*On Vascular Murmurs, and on the Action of the Auriculo-ventricular Valves.* Journ. de la Physiol. Ed. Med. Journ., April, p. 949.

Chauveau finds—(1) That the systole of the auricles has a very appreciable duration, and that it is always sharply distinguishable from the systole of the ventricles. (2) That this auricular systole is entirely aphonie. (3) That the first sound succeeds the auricular systole, and coincides exactly with the ventricular systole. (4) That the shock of the heart, is synchronous with the first sound, also succeeds the auricular systole, and coincides with the ventricular systole. (5) That the shock imparted to the valves of the heart by their sudden tension is strong enough to be perceived by tactile exploration on the exterior of the organ, as well around the auriculo-ventricular orifices as around the arterial orifices. (6) That the shock, and the bruit by which it is made perceptible to the ear, entirely cease if by some artifice the tension of the valves is prevented.

**WAGNER, R.**—*On a Simple Method of observing directly and for a length of time the Heart's Movement in Birds.* Archiv f. Anat. u. Phys., 1860, p. 255. Canst., vol. i, p. 122.

The writer “observes” the cardiac movements with the finger, admitted by a T shaped incision below the sternum, which is then raised.

**MAREY, Dr.**—*The Law governing the Frequency of the Heart's Pulsations.* Compt. Rend., July 15th, 1861, p. 95.

The author states that if a manometer be applied to one of the carotids of a horse, so that the force of the heart's action can be exactly ascertained, it will be found that galloping the animal until it is out of breath, reduces the force of the heart's action, although it at the same time augments the number of its pulsations. On the other hand, it will be found that repose diminishes the number of pulsations while it at the same time increases the arterial tension. From this the author concludes that the acceleration of the pulse by muscular exertion does not originate in the heart itself, but depends entirely upon the increased facility of the passage of the blood through the muscular system. In a precisely similar manner Marey explains the effects of fever, as well

as of moral influences on the rapidity and force of the circulation. So it may be said that according to the author, the heart's action is regulated by the state of the blood-vessels throughout the whole body.

**LEARED, ARTHUR, M.D.** (Great North. Hosp.)—*On the Sounds caused by the Circulation of the Blood.* pp. 22.

This pamphlet is a thesis read in the University of Dublin for the degree of M.D., in 1860. In it the author says that the first and second sounds of the heart originate at the outlets of the two great vessels, and that they are essentially the same as regards their mechanism.

1st Sound.—The first sound coincides with the ventricular systole, and is caused as follows:—Blood having been forcibly driven from the ventricles into the aorta and pulmonary artery, comes into forcible contact with blood in these vessels, which, supported by the semilunar valves, had attained a state of momentary repose. The impact between the fluid in motion and that in a state of rest gives rise to the sound.

2nd Sound.—The second sound, the author says, occurs during diastole, and in its mechanism closely resembles the first. The blood having been driven with much force into the aorta and pulmonary artery, a portion of it recoils, but is checked in its rapid descent towards the heart by the semilunar valves. The sound is caused by the concussion thus induced, the force of which is, however, by no means sustained by the valves alone, for they are thoroughly supported by the ventricles and their contents. This is obvious, since there can be no approach to a vacuum in the heart. The valves are to be regarded as separating media, which do not themselves sustain the force of the descending blood. A valve thus supported is known in the arts as an equilibrium valve.

**MARKHAM, Dr. (St. Mary's).**—*Remarks on the Cause of the Closure of the Valves of the Heart.* Med.-Chir. Trans., vol. xliv, p. 43.

The author says—(1) The closure is effected during different periods of the heart's action, and may be divided into two stages. During the first stage (*i. e.* during the ventricular diastole) the valves gradually rise up towards each other, *pari passū* with the distension of the ventricles, so that their free borders come into loose contact. The second stage corresponds with the ventricular systole, whereby the valves are suddenly and forcibly brought into firm and perfect contact by the pressure of the blood. (2) The valves are raised towards each other during this first stage of their closure by the agency of elastic tissue, so disposed in the valves as to act in a manner at once most simple and effective. The auriculo-ventricular and the semilunar valves have all essentially the same structure. They are formed of elastic membrane, and inelastic white fibrous cords. In the case of the auriculo-ventricular valves, as observed in a bullock's heart, a thickish layer of elastic membrane may be readily dissected from the auricular surface of the valve. This elastic membrane is retractile in all directions, but its fibres seem to run chiefly in a direction from the attached to the loose border of the valves. The lower (ventricular) surface of the valves may be said to consist of white fibrous cords—the prolongations into them of the chordæ tendineæ, united together by elastic tissue. (3) At the end of

the ventricular systole the valves are pressed down into the ventricles and lie flat against the inner walls, and the elastic tissue is put on the stretch. Then, during diastole, as the blood flows into the ventricles, the weight of the valves is diminished, and so the elasticity of the stretched elastic membrane is permitted to come into play. This contraction of the elastic tissue causes the closure of the valves during the first stage referred to. (4) Exactly the same disposition of parts occurs in the semilunar valves, with this necessary difference—that the elastic layer is spread over their *ventricular* surface. The object is here manifestly the same as in the former case, namely, to assist in drawing the valves away from the arterial walls, so as to put them in a position of being readily brought together at the instant the ventricular systole ceases.

At the end of the paper, page 49, Dr. Broadbent gives an account of the structure of the valves of the heart corresponding to the above.

**HALFORD, Dr. GEORGE B.—***On the Time and Manner of Closure of the Auriculo-ventricular Valves.* Med. Times and Gaz., May 18th, p. 519.

The author says, there are two things necessary to the closure of these valves, viz., the shutting down of the semilunar valves and the auricular contraction. When the auricle is about to inject the ventricle, the latter is empty and contracted, with its distal or ventriculo-arterial valves firmly shut down by the pressure of the blood upon their upper surfaces. Immediately the auricle contracts, its contained blood passes into (distending and lengthening) the ventricle; the force which it transmits not being sufficient to overcome the arterial pressure and weight of blood upon the upper or arterial surface of the semilunar valves, is expended in distending the ventricle and closing the auriculo-ventricular valve, which then forms one of the walls of the ventricle (see fig. 1.) To this succeeds the ventricular contraction, the auriculo-ventricular valve, being already closed, now becomes tense, the pressure in the ventricle overcomes that in the artery, and the semilunar valves are raised. That the above is correct is proved as follows:—If we cut away the auricle and clear out the

FIG. 1.

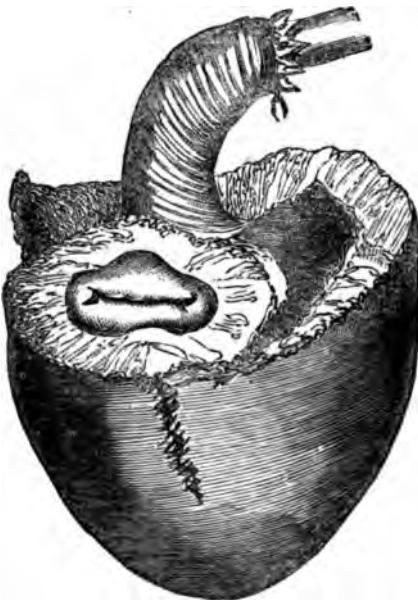


FIG. 1.—Back view of the heart; auricles cut away. The semilunar valves having been shut down and the aorta distended with fluid, the left ventricle was filled with water with a syringe from above, and the mitral valve closed.

coagulum from the ventricle, on placing the heart in fluid we find that the flaps of the auriculo-ventricular valve are borne up to a certain extent towards the auriculo-ventricular opening (see fig. 2); but

FIG. 2.

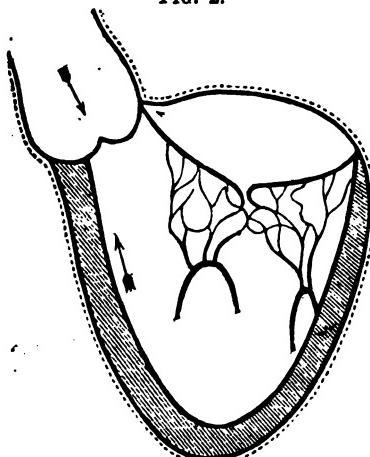


FIG. 2.—A diagram representing the condition of the ventricle and of the auriculo-ventricular valve, if, as is generally taught, the latter is closed by the contraction of the ventricle. The upper surface of the valve is concave, the capacity of the ventricle is thus lessened, and at the instant of its contraction not the semilunar, but the auriculo-ventricular valve would be raised, by which both time and power would be lost.

ventricle, as in fig. 1, otherwise the ventricle could not thoroughly be filled, nor could the valve itself perform its office properly, for as the ventricle contracts and its base descends, the valve would be made to yield towards the auricle at the very time it is required to be unyielding. But with the valve closed by the end of the auricular contraction there is not only no chance of yielding towards the auricle, but the ventricle is in that condition to exert its power most instantaneously and effectively, as the prime mover—the *fons et origo*—of the circulation. *The rapidity and power of its action would be impaired were any of its force expended in a backward direction, had it indeed to close the auriculo-ventricular, previous to opening the semilunar, valves!*

**EINBRODT.**—*On the Influence of the Respiratory Movements on the Heart's Impulse and on the Blood-pressure.* Sitzungsber. d. Wiener Acad., vol. x, 1860, p. 1. Moleschott's Untersuch., vol. iii, p. 265. Canst., vol. i, pp. 8, 125.

These elaborate researches were made in Ludwig's laboratory, on dogs. One series of observations was made while the respiration air was subjected to pressure, and another during rarefaction of the air, by an ingenious apparatus connected with the trachea of the animal.

the latter does not become closed without employing force, as with a stream of water thrown with a syringe from the direction of the auricle, and this closure is not perfect nor sustained without first shutting down the semilunar valves, which is best done thus:—for a human heart an elastic self-supplying syringe, with a tube of like diameter with the aorta or pulmonary artery, is adapted to either vessel and its semilunar valves shut down, gentle pressure being maintained by the fingers upon the bottle in imitation of the elastic pressure of the aorta or pulmonary artery. If the ventricle be now injected, the closure of the valve is instantaneous, its upper surface becoming convex (not funnel-shaped), and its under surface deeply concave (see fig. 1).

From this it will be seen, Halford thinks, upon reflection, that the auriculo-ventricular valve must be closed previous to the systole of the

I. *Increased pressure* (1) raises the medium tension of the blood. (2) The respiratory movements are not impeded until the pressure balances from 10 to 20 millimètres of mercury, when inspiration becomes quick and short, and expiration labored and slow, a pause of some duration generally ensuing. (3) If the pressure exceeds 20 millimètres the breathing movements frequently cease for several minutes. (4) Even if it rises other ten or fifteen millimètres no signs of suffocation appear. This is probably because much blood accumulates in the brain, supplying the medulla oblongata plentifully with oxygen, so that no automatic movements are induced. (5) The passage of the blood to the heart is impeded, and the tension in the aortic system is diminished. The heart and great vessels are compressed; arterial pressure becomes at last equably continuous. (6) In the external jugular vein the pressure rises considerably. (7) If the pressure of the respired air exceeds thirty or forty millimètres the pulse slackens, but quickens with a further rise, again diminishing as it becomes yet stronger. Here there is a double mechanism; the pulse is quickened by direct irritation of the heart, and slackened from excitation of the vagi by encephalic congestion. In proof of this it is remarked that after section of these nerves no retardation of the pulse occurs. (8) Stupified by opium, the dogs bear ordeals of this sort long and repeatedly, and only die at very high pressures.

The author imitated these experiments on himself, by closing the nostrils and holding the tracheal tube between the lips. Under low pressure the breathing movements were maintained by straining the muscles of expiration. Higher pressure caused a painful sense of oppression, and retardation of the pulse. Yet higher pressure produced redness and swelling of the face and neck, prominence of the globes, flow of tears, tinnitus, and occipital pain. The experiment terminated, the pulse—imperceptible before—was found to be full, strong, and infrequent.

II. *Diminished pressure*.—Here (1) the respiratory movements never pause. (2) Inspiration is toilsome, but so long as the excess of the external atmospheric pressure over the internal, is not equal to more than about fifty millimètres of mercury, respiration still proceeds perceptibly. (3) The blood pressure rises in expiration and sinks with inspiration. Yet, since the overloaded heart drives more blood into the arteries, (4) the mean blood pressure is higher than natural. (5) The pulse becomes slower as the rarefaction increases. This is attributed to irritation of the vagus as well as to incipient paralysis of the heart from the effects of the rarefied air; for, after section of the vagi, the pulse does not slacken until the rarefaction has been very long maintained.

III. *At the ordinary pressure*—(1) the breathing movements, when shallow and quick, do not influence the pulse and blood-pressure, but (2) when deep and slow, the pulse becomes more frequent during inspiration, especially towards its close. Sinking at the outset of inspiration, the blood-pressure then rises, but does not attain its maximum till after the end of that act. During expiration the pulse becomes less frequent, while the pressure reaches its highest, and then falls considerably. Pulse and pressure remain unchanged during the pause. (3)

After section of the vagus the breathing movements are deep and slow, whilst the pulse is very rapid. The pulse remains perfectly uniform throughout both acts of respiration. The blood-pressure continues as above described.

Thus, according to the author's conclusions, during expiration the pulse slackens from irritation of the vagus, caused by intra-cranial congestion. The acceleration of the pulse during inspiration is, presumably, occasioned by the remission of excitation of the vagus, and not by a direct irritation of the heart by increased influx of the blood.

The variation of blood-pressure depends on the thoracic movements and the quantity of blood in the heart. Inspiration relieves the heart and great vessels of tension, and, therefore, there is a diminution of blood-pressure at first, such as there is just after rarefaction is effected; but the heart speedily becomes fuller and more excitable, so that arterial tension is enhanced—a condition somewhat similar to that observed under great rarefaction. At the commencement of expiration, the chest-movement and the fulness of the heart combine to raise arterial tension to its maximum, but afterwards arterial efflux is promoted, whilst venous afflux is impeded, and the pressure falls. The influence of the breathing movements depends materially on the condition of the medulla oblongata and the excitability of the vagi.

**VIGOUROUX.**—*On the influence of Sensibility on the Circulation during Surgical Anæsthesia.* Comptes Rendus, Feb. 4th, 1861, p. 201.

In analysing thirty-one detailed cases of death from chloroform the author remarks—(1st) In several cases death surprised the patient in an attitude very favorable to the occurrence of syncope—that is to say, in a sitting position. (2nd) The pulse ceased to beat at that step of the operation which, without chloroform, would have been the most painful. (3rd) The operations, although very far from being dangerous, were, nevertheless such as produce intense and sudden pain. Now, pain being a cause of syncope, the question arises, “Does pain continue to exercise a similar influence even during anaesthesia?” The author, on the strength of some experiments, replies that syncope is as readily induced by potential as by sensible pain; and, consequently, he advises that operations should be performed before the power of reflex movement is abolished. In order, still farther, to weaken the (potentially) painful impression, and to obviate the necessity of pushing narcosis to its extreme, he recommends the simultaneous employment of *local* anaesthetics. It may also be remarked that the writer objects to a parallel being drawn between the fatal effects of chloroform on animals and on man, as in the former instance pain plays no part. Lastly, the conclusions arrived at by the author are—(1) The influence of the nerves of sensibility on the heart exists during anaesthesia. (2) This influence appears, indeed, to be increased. (3) It may be carried to the extent of arresting the heart's action. (4) This stoppage of the heart's action may be considered as the most frequent cause of death during anaesthesia.

**MACNAMARA, JAMES (Calcutta).**—*Post-mortem Contractility.* Med. Times and Gaz., March 30th, p. 345.

In a letter to the editor of the 'Med. Times and Gaz.', Mr. Macnamara relates a case of contractility of the human heart, persisting fully twelve hours after death, and six and a half after injection of the arteries with an arsenical solution (the solution employed being of the strength of one pound of arsenic to six gallons of water). The man, a Hindoo, at 24 years, died in the Calcutta Police Hospital, and was brought to the College for dissection about six a.m. February 1st, 1861. At seven a.m. the body was injected. At eleven a.m. Professor Partridge's prosector opened the thorax and abdomen for the purpose of dissecting the sympathetic nerve. At noon the author by accident passed by, and on looking at the body he exclaimed, "his heart is beating," and, upon further inspection, he distinctly perceived a regular rhythmical, vermicular action of the right auricle and ventricle. The pericardium at the time was open, the heart fully exposed and lying to the left of its natural position. The heart's action although regular, was very weak and slow. The left auricle was also in action; but the left ventricle was contracted and rigid, and apparently motionless. The spontaneous contractions continued till about 12.45. The right side of the heart contracted, however, on the application of a stimulus, such as the point of a scalpel, for three quarters of an hour longer. The author was unable to ascertain exactly the period of the man's death, but it is certain his body was sent away from the Police Hospital as early as six a.m. The liver was in a state of cirrhosis, and there was general anasarca. The viscera generally were healthy.

HARLEY, Prof. G.—*On the Dead Heart Pulsating.* The Field, Nov. 16th, p. 448.

The author cites the following experiment:—A frog was poisoned by introducing a small quantity of woorara under the skin. Its limbs gradually became paralysed, it ceased to breathe, and, in the course of a few minutes, appeared perfectly dead. In about half an hour after life seemed extinct, the heart, on being exposed, was found beating slowly, but regularly. The frog was now covered up with a damp piece of cloth and placed aside. On looking at it next day, the animal still appearing to be quite dead, the heart was found pulsating regularly as before. Forty-eight hours after death the heart still continued to act regularly. Seventy-two hours after death the action of the ventricle was still distinct though feeble. Ninety-six hours after death the left auricle alone continued to contract. Not only was the frog quite dead, but its lower extremities were now shrunk and withered. Exactly one hundred hours after death, Dr. Harley put the animal into a moist warm atmosphere, and kept it there until the temperature of its body was slightly raised. This had the effect of restoring the irritability of the heart; for on touching the ventricle with the point of a pen it resumed its pulsation, and the contractions (first of the auricle, then of the ventricle,) continued rhythmically during several minutes. Even the pulsations in the large vessels attached to the heart were well marked, and continued quite regularly for a quarter of an hour.

When upas antiar was employed instead of woorara, the action of the heart was arrested, not only before the animal was dead, but even before it ceased to spring about.

## NERVOUS SYSTEM.

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- DOWN, Dr. J. LANGDON (Lond. Hosp.)—*Account of a Case in which the Corpus Callosum and Fornix were imperfectly formed, and the Septum Lucidum and Commissura Mollis were absent.* Proc. Roy. Med. and Chir. Soc., vol. iii, p. 404.
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- BUDGE, J.—*On the Stoppage of the Heart by Irritation of the Vagus.* Archiv f. Anat. u. Phys., 1860, p. 857.
- BERNARD, A.—*The Sensitive Properties of the Sympathetic and the Reflex Movements that occur under its influence.* Allg. Med. Zeitschr., 1860, Nos. 20 and 21.
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- CLARKE, LOCKHART J.—*Notes of Researches on the Intimate Structure of the Brain.* Proc. Roy. Soc., No. 45, p. 359.  
The paper with the above title is in reality itself an abstract of a

complete memoir on the same subject, which the author promises to publish in the course of a few months. In it the author describes the structure of certain portions of the medulla oblongata, the corpora quadrigemina and pineal gland. When carefully examined, he says, the latter organ is found to be composed of fibres, nuclei, and the well-known brain-sand. The fibres are arranged in two ways; throughout the gland they form, by peculiar subdivisions and communications, an intricate network, in which the nuclei are lodged. Some of them are exceedingly fine, others rather coarse, but bear no resemblance to what we are accustomed to call nervè-fibres. They are frequently crooked, and apparently jointed or dilated at intervals, where they give off branches which bear nuclei; in other places the nuclei are surrounded by flat riband-like fibres. Here and there the fibres of the network go off to form straight bundles, which unite into larger trunks, and have chiefly a transverse direction. The reticular structure bears a decided resemblance to the epithelium of the olfactory mucous membrane, and still more to what the author has elsewhere described as the fourth layer of the olfactory bulb in the sheep, and particularly in the cat.

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**FLOWER, Wm. H. (Roy. Coll. Surg.)—*Observations on the Posterior Lobes of the Cerebrum of the Quadrupeds, with a Description of the Brain of a Galago.*** Proc. Roy. Soc., No. 45, p. 376.

Flower's observations extended to three families of the order Quadrupeds. Family 1, Catarrhina; 2, Platyrrhina; 3, Strepsirrhina. He concludes by saying that many links are still wanting in the chain of evidence required to determine the true history and classificatory value of the posterior horn of the lateral ventricle, and the peculiar disposition of the cerebral substance constituting the hippocampus minor, but the conditions in which they have been found at so many distinct points of the series, appear to lead almost irresistibly to the following conclusions:—(1) That these parts, so far from being peculiar to the human brain, are common to man, and the whole of the Quadrupeds, including even the lowest forms. (2) That they attain their maximum of development in species which do not belong to either extremity of the series. (3) That in the lower forms their diminution takes place chiefly in the antero-posterior direction, corresponding with the reduced length of the posterior cerebral lobes, the greater part of which is occupied by them. (4) That in the higher forms they are narrower in proportion to their length, and bear a smaller ratio to the surrounding mass of cerebral substance. (5) That the extreme of the last condition is met with in man, where these parts are also characterised by their variability in size and form, want of symmetry on the two sides, and frequent rudimentary condition, or even entire absence.

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**FOURENS.—*New experiments on the Relative Independence of the Cerebral Functions.*** Comptes Rendus, April 8th, 1861, p. 673.

When engaged forty years ago in experiments tending to show that the intellectual and the motor faculties are connected with the cerebrum and cerebellum respectively, the author instituted several collateral researches, hitherto unpublished, which he has recently repeated;

and now makes public. Having, in several instances, removed the brain of a rabbit, and inflicted severe injury on the pons, the animal commenced to revolve on its longitudinal axis as actively as if the brain had not been removed. Injury of the cerebellum of pigeons which had been deprived of the cerebrum, produced the same disorder of movement as if the latter remained intact. After removal of the cerebrum in pigeons, it was found that section of each of the semicircular canals (in different individuals), produced its ordinary effect; that of the horizontal canals causing horizontal movements, and that of the antero-posterior and postero-anterior vertical canals respectively causing vertical movements from before backwards and from behind forwards. The author promises to give, in a future memoir, an explanation of these remarkable coincidences in the direction of the canals and the movements.

**BORSARELLI, Prof.—***On the quantity of Phosphorus found in the Brain of Man and Animals.* Omodei's Ann. Universali, vol. clxxvi, p. 407. Med. Times and Gaz., Aug. 31st, p. 229.

The conclusions at which Professor Borsarelli has arrived after various analyses are stated in the Medical Times and Gazette to be—(1) That the medium quantity of phosphorus found in the brain of man and some other animals is more than triple the quantity assigned to this organ by Persoz and Opermann. It varies from 1·352 to 1·790 per cent. (2) The phosphorus of the animal economy is found in the largest quantity in the brain, in a less proportion in muscle, and in a still less proportion in the stomach. (3) In man, the quantity of phosphorus increases in a decided manner in proportion to his years, in the brain and in the muscular flesh, and in a less marked manner in the stomach. (4) The smaller quantity of phosphorus found in individuals under puberty, whose development is not completed, arises from the greater quantity of this metalloid required for the solid parts of the frame. (5) The difference in the quantity found in an adult or a person of advanced age, and an individual under puberty, amounts for the brain to 1·14 as compared to 1, and for the muscular substance to 2·19 as compared to 1. (6) The amount of phosphorus found in the adult or aged person, and in the ox, the calf, the sheep and the hog (with the exception of the flesh of the latter), is very much the same—the average being, as regards the brain, 1·560 in man, and 1·553 in other animals; and as regards the muscular substance, 0·872 in the former, and 0·876 in the latter. In the hog, however, the flesh contains 1·012, being richer in phosphorus than that of the other animals. This may be one of the reasons why the flesh of this animal is more stimulating than that of the others. (7) Flesh by boiling in water loses one-half of its phosphorus; so that the flesh of the hog, which uncooked contains 1·012 per cent., after boiling contains only 0·567. Hence it is that boiled meats are found to be most suitable for the convalescence of those who have suffered from hyperæsthetic diseases, and roasted meats to those whose strength has become exhausted by diseases of a debilitating character. The good effects of meat so cooked do not, however, arise solely from the presence of a greater or lesser proportion of phosphoric compounds. They also contain a

larger quantity of the proper nutritive principles of the flesh, which being soluble in water, become lost in boiling.

HENZ, Dr. H.—*On some Chemical Constituents of the Brain.* Greifswald, 1860. Canst., vol. i, p. 247.

By chemical examinations of the brain of the ox, in Scherer's laboratory, the writer established the presence therein of uric acid, inosite, hypoxanthin, xanthin, and lactic acid, and the absence of creatin.

PEACOCK, Dr.—*Specific Gravity of the Brain.* Lancet, June 1st, p. 536.

At the Meeting of the Pathological Society of the 7th May, Peacock gave an account of the specific gravity of the cerebrum in nine cases. Taking distilled water as 1000, the cerebrum, was 1034; cerebellum, 1041; pons varolii, 1040. The specific gravity of the whole brain together, 1039. One object also was to show that the brain increases in size and weight after the age of seven years, although the contrary has been stated by Sir William Hamilton. It increases up to, from the twenty-second to the twenty-fifth year of age.

STEPHANY.—*Contributions to the Histology of the Cortical Substance of the Cerebrum.* Dorpat, 1860. Canst., vol. i, p. 65.

The matrix of the cortical substance of the cerebrum, hitherto regarded as finely granular, is resolved by this writer into a network of fine filaments, terminating in the form of a membrane on the surface of the brain, and loosely enveloping free nuclei and other cells. The filaments of this network are connected both with the outrunners of cells and with nerve-fibres. As no connexion has been traced between this system and the penetrating processes of the pia mater, the author inclines to think it nervous in its nature. In the cortical substance of the dog's brain, he distinguishes angular and round cells, the former invariably, the latter never, connected with the network. The broad, dark-bordered nerve-fibres which enter the gray substance of the convolutions, pass, after repeated divisions, into fine pale filaments, and become connected with the fibres of the matrix, which thus link them with the cell-processes.

WAGNER, R.—(1) *Critical and Experimental Inquiries on the Functions of the Brain.* Göttinger gel. Anz., 1860, No. 4, p. 25; No. 6, p. 49; No. 7, p. 65; No. 10, p. 176. Canst., vol. i, p. 197.

(2) *Introduction to a Scientific Morphology and Physiology of the Human Brain, as an Organ of the Soul.* Part 1. 4to, Göttingen, 1860. Canst., ib.

In the first of these treatises, the author discusses the functions of the cerebellum, the different degrees of convolution of the cerebrum, and the varying weight of the encephalon. The second work treats more fully of the two latter subjects, and is accompanied by an Atlas containing beautiful delineations of the brains of eminently intellectual men. His chief results are that—(1) The cerebellum is merely a motor organ, regulating the locomotive act, capable of exciting contraction in the abdominal viscera, and operating directly on the heart. (2) The cerebral convolutions possess in man a type of arrangement to which only that found in the quadrupeds can be compared. There is an

unmistakeable parallel between the several stages of the embryonic brain in man, and the persistent forms existing in some classes of apes. In the human kind, the anterior lobes are those in which the convolutions differ most widely in different individuals, being few and simple in some, in others numerous and complicated. Either of these classes may coexist with high intelligence, but the former is most frequently met with in women. (3) The relative weight of the cerebral hemispheres in comparison to the other parts of the encephalon would not seem to be greater in high, than in ordinary, intelligences.

VAN DEEN, J.—*The Insensibility of the Cerebro-spinal Centres to Electric Irritation.* Moleschott's Untersuch., vol. vii, pt. iv, p. 380. Canst., vol. i, p. 193.

On a former occasion the author experimentally demonstrated that chemical and mechanical irritation of the spinal cord do not produce motory or sensory effects, so long as the nerves are avoided. He now communicates a series of equally careful experiments on the effects of the electric current on the encephalon, medulla oblongata, and spinal cord; the conclusions deducible from which are, that those centres are insusceptible of irritation by that agent, and that their activities are only to be awakened by the stimuli of will and feeling.

LUSCHKA.—*The Foveæ Glandulares and Arachnoidal Villi of the Middle Cranial Fossa.* Virchow's Archiv, vol. xviii. Canst., vol. i, p. 98.

Having noticed foveæ glandulares in the middle fossæ of the skull, the author sought and found in the dura mater corresponding Pacchionian granulations, which he believes occur there only when the membrane is reticulated, and receives them in its meshes.

MEYER.—*On the Import of the Pacchionian Granulations.* Virchow's Archiv, vol. xix. Canst., vol. i, p. 98.

After numerous observations, this inquirer states that: (1) The Pacchionian granulations are constantly in connexion with the arachnoid even when found on or in the dura mater, in which case they are pediculated. This view is based on numerous and precise examinations, and is opposed to that of Luschka, who maintains their independent existence in the dura mater. (2) The bodies in question may be found, though less certainly than at the margins of the cerebral falx, (a) on the convexity of the anterior lobe so far as two inches from the falx; (b) at the base of the middle lobe, commonly anteriorly, less frequently postero-laterally, by the meningeal vessels: sometimes at these spots penetrating the dura mater and inner cranial plate, and generally attended during life by profound cerebral disturbance, as epilepsy, melancholia, &c.; (c) at the postero- and antero-inferior parts of the posterior lobe, where they are feebly developed, as they also are (d) on the cerebellar arachnoid, especially at the margins.

In discussing the *aetiology* of these bodies, the author assumes that in cerebral anaemia, the sinuses of the dura mater are increased, in hyperaemia, diminished, in calibre; changes which imply, on the part of the encephalon, a certain degree of locomotion, which, as in the lungs, attains its maximum at certain points, such as the margins. On inquiry,

it proves that the sites of the granulations coincide with those of greatest friction, which is therefore supposed to be their cause.

MAUTHNER, L.—*Contributions to a Knowledge of the Morphological Elements of the Nervous System.* Sitz. ber. d. Math. Cl. d. Akad. d. Wiss., vol. xxxix, p. 383. Canst., vol. i, p. 51.

This is an attempt to distinguish the different microscopic elements of the nervous system, by the different degrees of colour produced in them by the carminate of ammonia.

BERNARD, Prof.—*Lectures on the Spinal Cord.* Med. Times and Gaz., Jan. 5, 1861, and succeeding numbers.

Lecture 1. On the general properties of the nervous system.—It has long been observed, that certain conditions of the body exert a peculiar influence over nervous sensibility. An irritation which at one time would scarcely be observed, at another time may give rise to acute suffering, and even constitutional disturbance. Such a state, however, is not always to be regarded as the result of morbid action. For example, the pneumogastric nerve may in the majority of fasting animals, be excited without giving rise to pain, while the same stimulus applied to the nerve during the digestive process is attended with acute suffering. This is due to the increased vascularity of the mucous coat of the stomach during the digestive process and the corresponding effect it produces on the delicate terminations of the pneumogastric nerve. The properties of a nerve, may, therefore, be said to be modified by the state of the organ in the substance of which it terminates.

Bernard makes the following interesting remarks on the effect of pain upon animals. He begins by putting the question—When an animal gives no expression of pain, are we entitled to conclude that none is felt? We have frequently employed, says he, to our full satisfaction, an ingenious method of ascertaining the fact, in such cases,—we allude to the cardiometer. This instrument merely consists of a delicate manometer, which is adapted to some large artery (the common carotid in general,) for the purpose of measuring the pressure of the blood, and the intensity of the heart's action; now the sensibility of this organ is such, that latent impressions (so to speak), or sensations which no outward sign betrays, are at once revealed by the sudden augmentation of its impulsive power; the well-known effects of moral emotion afford a trite instance of this. A nerve after being laid bare, may be touched so lightly as not to provoke the least agitation; but the rapid ascension of the mercury contained in the tube of the instrument, immediately informs us of the impression produced upon the sensitive apparatus. On the other hand, when the posterior roots have been cut, all excitability being destroyed, the peripheral extremities of the divided nerves may be pinched, bruised, burnt, or otherwise acted upon, without altering the level of the mercurial column in the slightest degree; an implicit reliance may therefore be placed upon this valuable instrument, which frequently enlightens, but never misguides, the physiologist.

From this it appears that the pulse is the natural index of the amount of pain.

When speaking of the action of anaesthetics on the nervous system, Bernard says, that the sensorial faculty would seem to lose its intensity by degrees, in proceeding from the primitive origin to the ultimate termination of the special fibres with which it is connected; for in animals submitted to the inhalation of chloroform, the spinal roots having previously been exposed to view, sensibility disappears in the anterior roots before abandoning the outer surface of the body, and dwells in the posterior roots long after it has ceased to exist in all other parts. The reverse takes place when the animal is allowed to revive, the posterior roots being the first, and the anterior roots the last, to recover the sensorial power. We are, therefore, entitled to believe that in the immediate vicinity of the posterior columns, a higher degree of sensibility exists than in more distant points. (Lect. ii, Jan. 12th.)

In the Lecture (XVI) devoted to the consideration of the influence of the nervous system on the chemical composition of the blood, Bernard recapitulates his statement regarding the fact that the blood returning from a gland in a state of activity is arterial in hue, while it is of the usual venous colour when the gland is in a state of rest. He now adds, that the reverse is the law with regard to the muscles. The venous blood is black during the period of activity, and red when the muscles are at rest. These phenomena, are, he thinks, satisfactorily accounted for by the opposite action of the two classes of vaso-motor nerves,—those which dilate, and those which contract the vessels. By direct experiment on animals, Bernard has ascertained—

1st. That when a muscle contracts, the venous blood contains less oxygen, and more carbonic acid, than in a state of rest.

2nd. That, on comparing arterial and venous blood, the quantity of carbonic acid which the latter contains is not found sufficient to account for the total amount of oxygen which has disappeared; it would therefore appear that the transformation is not directly effected, but that various intermediate compounds are produced.

3rd. That the solid residue which remains after evaporation is larger in blood drawn from a muscle in full activity than in the fluid obtained from a muscle at rest.

It is hardly necessary to say that inverse results are obtained in operating on the glands; we know, in fact, that their period of activity coincides with the ruddy colour and arterial state of the venous blood.

The following table exhibits the results of this analysis:

#### *Gases contained in the Blood.*

		Arterial blood.	Venous blood.	
			State of rest.	State of activity.
Rectus femoris . . .	{ Oxygen . . . . .	9.31	8.21	3.31
	Carbonic acid . . . . .	0.00	2.01	3.21
Submaxillary gland . . .	{ Oxygen . . . . .	9.86	3.92	6.31
	Carbonic acid . . . . .	0.98	2.94	2.10

#### *Solid Residue of the Blood.*

		Arterial blood.	Venous blood.	
			State of rest.	State of activity
Rectus femoris . . .	{ Loss by evaporation . . . . .	73.86	76.84	75.24
	Solid Residue . . . . .	26.14	23.16	24.76

In Lecture XX, it is stated that the differences supposed to exist

between the sympathetic and cerebro-spinal system of nerves are more apparent than real. Modern physiology has shown that no absolute distinction exists between them, for the sympathetic, like most of the other nerves, originates in the spinal cord, and although it possesses ganglia, these ganglia cannot be viewed as distinct nervous centres. Indeed, according to Bernard, the nervous system contains only two great divisions—sensitive and motor nerves; it matters little whether the subject is conscious of their action or not, their properties in both cases being identically the same. The sensitive apparatus is endowed with consciousness in the cerebro-spinal system, and does not enjoy this property in the organic nerves; but the difference is not an absolute and unconditional one; for the viscera frequently acquire a high degree of sensibility in acute diseases, and, on the other hand, the cutaneous surface, in paralytic subjects, is totally insensible to external impressions; that is to say, the feeling of pain no longer exists, but the reflex actions which are still produced, inform us that the sensitive nerves still retain a part, at least, of their usual properties. With respect to the motor nerves, Bernard's experimental researches have led him to distinguish two kinds of these; the first being destined to reduce the capacity of the vessels, the second to increase it. The former is derived from the sympathetic nerve, while the latter springs from the cerebro-spinal axis. To those of the first class he gives the name of vaso-motor nerves; we know them, in fact, to produce contraction in the vessels by acting upon muscular elements; but the powers of the antagonist system are infinitely more difficult of comprehension; it appears to stimulate the dormant activity of the tissues to which it spreads, creating secretion in glands, contraction in muscles, and phenomena of a different nature in other parts. Whether the nerves which give rise to these effects, and those which dilate the vessels are identically the same, is a matter of doubt. The contraction in muscles, and secretion in glands usually coincide with a turgid state of the capillaries; but these phenomena are not inseparably connected; the circulation of a muscle may be accelerated, without giving rise to contractions, and contractions may take place without exerting the slightest influence on the local circulation. The same being the case in glands, it may be questioned whether these various effects are all produced by the same class of nerves. The system of organic life appears to confine its action to the vessels. But the reciprocal influence of sensitive and motor nerves in the cerebro-spinal apparatus is too well known to require a proof, nor is it to be supposed that reflex actions are confined to the voluntary nerves. The vaso-motor apparatus equally enjoys this important property. The influence of cold on vascular contraction evidently belongs to this class of phenomena; for on dividing on one side the cervico-cephalic branch in animals subjected to the process of congelation the effects of cold are immediately felt on the non-mutilated side, and are slow in making their appearance on the other. The sympathetic nerve may be viewed as a complementary apparatus placed by the side of the cerebro-spinal system. Both are derived from the same origin, both enjoy similar properties, but the elements on which their action is exerted are of a different nature.

The vessels are placed under the influence of the first, while the histological elements obey the power of the second; nutrition may be said to depend on the former, and physiological activity to be aroused by the latter.

**GOLL.**—*Contributions to the Minute Anatomy of the Spinal Cord of Man.*

Memoir of the Med. Chir. Soc. of the [Canton Zurich, on occasion of the celebration of the fiftieth anniversary of its foundation, 4to, Zurich, 1860. Canst., vol. i, p. 66.

According to this author—(1) In the anterior (and whiter) part of the gray commissure of the spinal cord, the nerve-fibres proceeding from the anterior horn (motor) decussate, and then ascend to join the anterior columns. (2) In the posterior (and redder) part is a delicate vascular connective tissue associated with few medullated nerve-fibres. (3) The sensitive fibres do not directly enter the posterior horns, as commonly supposed, but pass on their inner side, some to be lost in the posterior columns, others in the extremity of the posterior horn. (4) The ganglionic cells were never ascertained to communicate with one another or to merge into nerve-fibres.

**MAYER, DR. A. (Mayence)**—*On the Sensory Function of the Spinal Cord.* Prag. Vjhrschr., vol. lxix, p. 44, 1861. Schmidt, vol. III, p. 278.

Some years ago Pflüger called attention to the interesting fact that, when the thigh of a *decapitated* frog is touched with acetic acid, the animal immediately tries to remove the irritant with its foot. When the acetic acid is applied to the loins, and the foot of the same side amputated, the frog still makes attempts to remove the source of irritation by means of the remaining stump, and if it is not successful in these endeavours it becomes very restless, and at last employs the foot of the opposite limb to remove the acid. These and other experiments of a similar character have since been made by many observers, and the general opinion has been that the spinal cord in the frog possesses in itself some of the functions of the brain. Mayer has now investigated this subject very fully, and he finds, that not only are the above-mentioned results correct, but that decapitated frogs are capable of several other voluntary movements—for example, a decapitated frog will swim about in water, will spring away from any source of irritation, and when laid upon its back, will make violent efforts to regain its natural position. These and some other results of minor importance, have led the author to the following conclusions. (1) A decapitated frog still possesses, to a certain extent, sensation and the power of voluntary motion. (2) These functions in the decapitated frog have their seat in the medulla oblongata, and not in the medulla spinalis. (3) The medulla spinalis of the frog and animals of a similar class, as well as of animals higher in the scale of development, and more especially of man, is not sensitive.

**KUNDE, F.**—*The Influence of Heat and Electricity on the Spinal Cord.* Virchow's Archiv, vol. xviii, p. 357, 1860. Canst., vol. i, p. 195.

The author finds that, in frogs poisoned by a small dose of strychnine, tetanus may be obviated by putting the animal in a warmer medium

than before; whilst it is induced by change to a colder one. After a large dose the converse effect is observed. It is also found that the tetanus caused by strychnine ceases when the frog is brought within the circle of an induced current, itself capable of causing tetanus.

**CHAUVEAU.**—*On the Convulsions of the Muscles of Animal Life; and on the signs of sensibility produced in the horse by localized mechanical irritation of the surface of the spinal cord.* Comptes Rendus, 4th Feb., 1861, p. 209.

From the author's experiments on twenty-four horses it results that—(1) When the cord and encephalon are disconnected by a section made in the dorsal or occipital region, and animal life maintained by artificial insufflation of the lungs, irritation of the antero-lateral surface of the exposed cord in the upper lumbar region is not followed by any contractions or signs of pain. On the other hand, the merest touch of the anterior roots of the nerves is followed by contractions in the muscles supplied by them. (2) However lightly the needle (the experiments were performed with a sharp-pointed needle) be applied to the posterior surface of the cord it never fails to induce involuntary contractions, in every respect similar to those which ensue from excitation of the corresponding roots of the nerves. (3) The extent of the muscular contractions is in proportion to the intensity of the irritation employed. They may be limited to the vicinity of the seat of experiment, or propagated throughout the whole body. (4) Irritation of the sides of the cord generally induces movements exclusively on the side to which the stimulus has been applied; when they occur on both sides of the body, those on the opposite side are always least energetic. (5) As the irritation is carried outwards from the median sulcus towards the side, the contractions are found to increase in vehemence, but when once the line of exit of the sensitive roots is overstepped the movements abruptly cease. As regards the second series of experiments, in which the spinal cord was not divided before the application of the mechanical irritation to its surface, the author found that irritation effected in the dorso-lumbar or upper cervical region yielded results identical with those just enumerated, but the movements were now attended by evidences of exquisite pain. Results similar to these (which, as the author admits, are not altogether new) were obtained in the sheep, goat, and rabbit.

**COLIN.**—*On the different Degrees of Sensibility of the Ganglia and Filaments of the Sympathetic.* Comptes Rendus, May 13th, 1861, p. 969.

The results of the author's experiments are—(1) The *ganglia* of the great sympathetic are all sensible; the semi-lunar and thoracic much more so than the superior cervical. (2) The most voluminous ganglia seem more sensible in their thick homogeneous-looking portions than in those which are thin, striated, and plexiform. (3) Their sensibility is better elicited by pinching than by piercing, cutting, or cauterizing. (4) Irritation, if powerful, is perceived immediately; but if it be feeble some seconds elapse before its effects are observed.

(5) Ganglia extensively injured cease to transmit impressions. (6) All the ganglionary *nerves* are sensible, though unequally so, and they are less sensitive than the ganglia themselves. (7) Their sensibility diminishes as their tenuity increases. (8) The filaments communicating with the cerebro-spinal system are most sensible; those connecting the ganglia are less so, and the visceral nerves least of all. (8) The sensibility of the nerves is most readily aroused by pinching.

**ROSENTHAL, J.**—*On the influence of the Pneumo-Gastric and the Superior Laryngeal Nerves on the movements of the Diaphragm.* Comptes Rendus, April 15th, 1861, p. 754.

This physiologist announces that irritation of the superior laryngeal nerve arrests the movements of the diaphragm. If the proximal portion of the pneumogastric nerve, cut below the origin of the superior laryngeal, be excited by electric currents of medium intensity, the diaphragm becomes strongly contracted; whereas by irritation of the laryngeal it is relaxed. Very weak currents applied to the pneumogastric cause remarkable acceleration of the respiratory movements, whilst, applied to the laryngeal, they constantly slacken them. Powerful currents acting upon either nerve, likewise arrest the movements of the diaphragm, sometimes in a contracted, sometimes in a relaxed condition. The author thinks it highly probable that those fibres of the superior laryngeal, the excitation of which suspends diaphragmatic movement, are the same as confer sensibility on the mucous membrane of the larynx and cause cough; for, during cough, the diaphragm is always relaxed. The pneumogastric, splanchnic, and superior laryngeal appear to be the inhibitory nerves of the heart, intestine, and diaphragm, respectively; but whilst the influence of the two former takes a centrifugal direction, that of the latter is propagated centripetally.

**WALLER, Dr. AUGUSTUS.** *Experimental Researches on the Functions of the Vagus and the Cervical Sympathetic Nerves in Man.* Proc. Roy. Soc., No. 44, p. 302.

The object of this memoir is to point out some results obtained by irritating the vagus and cervical sympathetic in man, in such a way as not only to ascertain their functions in a state of health, but also their condition in disease, and in various functional derangements to which they are subject. The method employed was mechanical irritation by simple pressure on the trunk of the nerve. Moderate pressure gave rise—(1) To the sensation of want of breath, which was followed by deep and laboured inspiration. (2) The heart's action became disturbed. (3) Uneasiness over the stomach, in some cases amounting to a feeling of nausea. (4) Tingling of the corresponding ear. (5) Dilatation of the pupil occurred once. All these symptoms quickly disappear after the removal of the pressure, but leave a feeling of lassitude and lowness of spirits, which may last for some hours.

**WALLER, Dr. AUGUSTUS.**—*On the Sensory, Motory, and Vaso-Motory Symptoms, resulting from the Refrigeration of the Ulnar Nerve.* Proc. Roy. Soc., No. 46, p. 436.

The following are the principal results Waller obtained:—(1) The

first effect of the application of cold is the induction of a state of hyperæsthesia in the course of the nerve. (2) The hyperæsthesia is succeeded by anaesthesia. (3) The hyperæsthesia is associated with increased excitability of the nerve; the anaesthesia with paralysis. (4) In the paralytic condition the muscles remain contracted to some extent, and the inner fingers in a state of flexion. (5) The temperature of the inner part of the hand rises; that of the outer falls,—on account of the diversion of part of the blood of the radial into the ulnar artery.

**MOLESCHOTT, Prof., (Zurich).**—*On the Nerves of the Heart.* Med. Times and Gaz., July 27th, p. 94.

From a series of experiments on the vagus and sympathetic nerves, the author has arrived at the conclusion that the inhibitory theory is untenable. He found, for example, that, on applying a weak mechanical, chemical, thermal, or electric stimulus to the vagus, the pulse rose considerably. Amongst the mechanical stimuli stretching appeared to be most effective, as it can be easily graduated by the employment of different weights; but friction and pressure also yield the same results. The chemical stimuli used were salt water, the bile of frogs, and the desiccation of the nerve; these latter had the most considerable effect of all, as, on applying salt water to the vagus of a rabbit, the pulse rose from 166 to 231; that is, 65 in the minute, or two-fifths of the frequency observed during repose; and on touching the vagus of a frog with frog's bile, the pulse rose from 18 to 40 (more than double). Thermal irritation caused an increase of one-eleventh in the rabbit (from 224 to 244); of one-ninth in the frog (from 36 to 40). The electric stimulus produced an acceleration amounting to two-ninths (from 190 to 232) in the rabbit, two-fifths (from 30 to 42) in the frog. In the frog a more powerful stimulus is generally necessary to effect such results than in the rabbit. The frequency of the pulse is also increased if the vagus has been cut through, and the peripheric end of the nerve excited. The increased frequency is, therefore, no mere reflex phenomenon caused in the cerebro-spinal centre, nor, if the central end of the nerve is excited, does the pulse become quicker. The excitation should generally last from fifteen to thirty seconds if the experiment is to prove successful, and in many cases a considerable alteration in the heart's action is observed long after the excitation has ceased. Pulsus dicrotus is sometimes consequent upon a long-continued excitation of the vagus, after which the whole of the ventricles contract with two intermissions.

Moreover, he found that while a feeble excitation of the sympathetic accelerated the pulse, a stronger electric excitation of the nerve diminishes its frequency, and may even bring the heart to a temporary standstill. When the excitation ceases, the heart and the nerve may recover from their exhaustion, so that, if a feeble current is afterwards applied, the frequency of the pulse may again be augmented. The sympathetic nerve has, therefore, the same influence upon the heart as the vagus.

Moleschott concludes from his experiments that the heart is animated by four very excitable nerves which may easily be over-excited; these four nerves, two vagi and two sympathetics, have a peculiar consensus,

which is no doubt due to the action of the ganglia of the heart, so that the state of irritation or over-excitement, which is produced in one of the nerves, is transmitted to the three others; but it is not possible to exhaust permanently the other three by over-excitation of one nerve singly, as stimulants, which would be powerful enough to effect this, would soon kill the excited portion of the one nerve, and, therefore, lose their effect upon the other three; such an effect being only possible as long as the nerve acted upon retains part, at least, of its excitability.

KRAUSE, W.—*Anatomical Researches on the modes of termination of the nerve fibres.* Hannover, 1861, 8vo., pp. 1—98. Canst., vol. i, p. 56.

(1) The author confirms (in the sheep) Herbst's unique observation, that Paccinian corpuscles do sometimes occur in connexion with muscular nerves. (2) He finds that on an average about five of these corpuscles are connected with the nervous twigs entering the nipple in both sexes. (3) From his own minute researches, and the inquiries of others, he concludes that, besides the cutaneous nerve twigs, ending about the hair follicles, and in the Paccinian corpuscles, some scattered fibrils are to be found terminating in tactile corpuscles. (4) In the sensitive mucous tracts (conjunctival, buccal, and genital), Paccinian corpuscles are absent, whilst in place of the tactile bodies there occurs a superficial system of roundish terminal knobs, distinguished from the former by an absence of transverse striation. On the outer margin of the lip, these knobs are mingled with scattered tactile corpuscles or forms transitional thereto, whilst Paccinian bodies are absent. (5) In most mammalian orders, both the tactile corpuscles and the simpler terminal knobs are represented by oval bodies analogous to the latter, occurring not only in the mucous membranes, but in the skin of the soles of the feet, where, in the squirrel, they lie under as well as in the papillæ. They have been met with in the skin of the trunk (mouse). Paccinian corpuscles are found in the soles of the feet of some mammalia, and under the mucous membrane of the clitoris. In the human conjunctiva bulbi, there are, on an average, two terminal knobs in a square line. (6) With reference to Ritter's intra-columnar retinal filaments, Krause abstains from pronouncing whether they ought to be regarded as natural structures or as the effects of immersing the eye in acids. He also suspends his judgment with regard to the nervous or non-nervous nature of the rods and cones of the retina. (7) The fine anastomosing nervous trunks found throughout the human intestine, are connected with the muscular layer by offsets of some thickness, whilst single fibrils proceed to the inter glandular spaces. The latter are supposed by the author to supply the smooth muscles of the mucous membrane and of the villi, and the former to proceed to the fibres of the muscular coat. The ganglia associated with the plexuses, contain from ten to thirty nucleated cells. The mode in which these nerves terminate remains inscrutable.

KÜHNE.—*Note on a New Organ of the Nervous System.*—Comptes Rendus, Feb. 18th, 1861, p. 316.

With the object of ascertaining how the nerves terminate in muscles,

and their ultimate connexion with the contractile substance, this observer has microscopically examined the muscles of batrachians, fishes, birds, mammals and man, and has arrived at the following results:—(1) Every primitive fibre entering a muscle soon divides in two. (2) All these secondary fibres again divide after separating from the intermuscular filaments. (3) Another subdivision takes place when the last-mentioned filaments reach a muscular fibre. (4) From this last division ten or twenty branches spring. Here the ultimate termination of a motor nerve may invariably be found. On tracing these branches, which are aggregated in great numbers on minute portions of the muscular fibre, it is found that—(a) The neurolemma constantly joins the sarcolemma, and thus far the nuclei of the envelope are observable. (b) The double contour of the nerve produced by its medullary envelope abruptly ceases. (c) The axis cylinder here passes beneath the sarcolemma and comes into direct contact with the contractile substance. (d) The axis cylinder then becomes broader in parts where it is provided with small highly granular bodies, called by the author the *peripheric nervous nodules*. (e) When the intramuscular axis cylinder is short, it ends with one of these corpuscles. When long, it possesses several such bodies, and generally ends with a very distinct point between the striae. The nodules form part and parcel of the axis cylinder, and vary from  $\frac{1}{100}$  to  $\frac{1}{10}$  of a millimeter. They never exhibit nucleoli, and by their agency the axis cylinder of the motor nerve is in intimate contact with the contractile substance, into which the granulations penetrate.

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HARLESS, E.—*Molecular Processes in Nerve Substance. Third part: Mensuration of Irritability.* Munich, 1860, 4to. Canst., vol. i, pp. 21, 182.

This continuation of the work reported in 'Year-Book,' Vol. ii, p. 48, is chiefly occupied with the description of a delicate but complicated mechanism, designed to measure with extraordinary precision the irritability of nerves. It was observed that when one electric shock was quickly succeeded by another, the muscular inertia yielded most readily to the second, *i.e.*, the muscle responded to a weaker current than was required to excite it at first.

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HARLESS, E.—(1) *Neuro-physiological Inquiries.* Zurich, 1860, 8vo.  
 (2) *On the Influence of Temperatures and their variations on the Motor Nerves.* Ztschr. f. rat. Med., 1860, p. 122. Canst., vol. i, pp. 18, 183.

The author found that—(1) When a nerve is reduced to a temperature between  $14^{\circ}$  and  $32^{\circ}$ , the muscle it supplies is seized with spasms, attributed by the author to pressure on the white substance of the nerve caused by the coagulation of the enveloping structures. (2) Heating the nerve to nearly  $95^{\circ}$  does not alter the irritability, which, however, at a heat of  $100^{\circ}$ , suffers a sudden diminution, referable to the melting of the nervous fat, shown to occur at that temperature. At this heat it is also observed that the direction of the nervous current may be reversed. (3) Between  $133^{\circ}$  and  $140^{\circ}$  the nerve becomes insen-

sible to the strongest shocks, until the temperature is reduced. At this stage the cohesion of the nerve is suddenly diminished.

MUNK, H.—*Researches on the Conduction of Excitation in Nerves.*  
Archiv f. Anat. u. Phys., 1860, p. 798. Canst., vol. i, p. 186.

These observations led to the results that—(1) The maximum of excitation of a nerve rises rapidly and considerably just after its separation from the organism; and that—(2) The propagation of excitement differs in rate in the course of the nerve, the time occupied in its transmission through a given length of nerve, being more than double that spent in its passage through half that length. The author believes that here, with an essential limitation, the law operates that all parts of the nerve conduct with the same speed when they are at an equal distance from the spot immediately excited, but that the rate decreases with the length of the conducting portion.

SCHELSKE.—*On the Changes effected in the Irritability of Nerves by Warmth.* Heidelb., 1860. Canst., vol. i, p. 18.

The author states that when the movements of the frog's heart are suspended by heat or by cold, electric irritation, either direct or through the vagus nerve, causes a spasmodic twitching movement in the organ; but that when the heart returns to its original temperature, the vagus resumes its inhibitive character.

HYRTL.—*Paccinian Bodies on the Infra-orbital Nerve.* Oest. Ztsch.  
1859, No. 47. Canst., vol. i, p. 98.

In three instances this anatomist found Paccinian corpuscles on the infra-orbital nerve. He conjectures that they may have been caused by capsular investment of the central end of a torn nerve fibre, (just as they frequently occur on the digital nerves of hands exposed to rough usage,) or, that injury of the nerve in its canal may have caused the periphery to be affected.

BRONDGÄST, P. T.—*Researches on the Tone of the Voluntary Muscles.*  
Archiv f. Anat. u. Phys., 1860, p. 703. Canst., vol. i, p. 187.

Brondgäst instituted experiments on muscular tone (in rabbits and frogs) by dividing the cord near the medulla oblongata, and the sciatic nerve of one side. The animals being next suspended, in order that the ensuing movements might be unimpeded, it was observed in half an hour, that the lower limb on the injured side dangled loosely whilst the other was moderately bent in all its joints. If the toes of the sound side were then pinched, the flexion of the limb was increased. But if the cord near the medulla and the roots of one of the sciatic nerves were divided, though the limbs assumed the same attitude as just described, it was found on pinching the toes of the sound side, that both the extremities were drawn up.

The author's inference is, that there exists a muscular tone dependent on the constant influence of the central nervous system, but that it is a reflex tone, since it ceases after section of the posterior roots of the nerves.

MATTEUCCI.—*On the Secondary Electro-motor Power of the Nerves, and its application to Electro-physiology.* Comptes rendus, 1861, Feb. 11, p. 231.

As the result of a long series of researches, the author announces that the secondary electro-motor power of a nerve (or that which it acquires after the passage of an electric current, and which takes a direction opposite to the latter) is much greater near the positive than next the negative pole, and that this difference is more considerable when the nerve is traversed by a *centripetal* current. It is well known that if a current be passed from one foot to the other (as, for example, through a frog's limbs connected by the lumbar nerves, and a portion of the spine), for fifteen or twenty minutes, the foot to which the positive pole is applied, is seized with violent contractions on interruption of the circuit. Now, as stated in the above proposition, it is this nerve which is the seat of the stronger secondary power, which is moreover most marked in the part nearest the muscles. The author attributes the contractions in question to the passage of the secondary, and in this nerve *direct*, current. It ought to be remarked that the author's observations were not limited to the frog, but extended to the sheep, rabbit, and chicken.

NIVELET.—*Memoir on the different Physiological Action of the Positive and Negative Poles in the Voltaic and Induction Currents.* Comptes rendus, 1861, May 13th, p. 971.

Experiments on fishes and frogs, on cutaneous sensibility in man, and the organic tissues, lead to the following propositions:—1st. In the continued, the inductor, and the induced currents, the two poles act differently on electro-muscular contractility, the positive producing flexion and resolution of the muscles, the negative their extension. 2nd. With all three currents, the *negative* pole acts most on cutaneous sensibility, but has the least local effect.\* 3rd. The positive pole of the continued current coagulates, whilst the negative dissolves the tissues, &c. The induced current is almost powerless in this respect, but affects *sensibility* more than they do.

From these premises, the author arrives at the practical conclusion, that in aneurisms &c., the positive (coagulating) pole is to be preferred, whilst in solid enlargements the negative (solvent) will be appropriate.

Du Bois REYMOND, E.—*Towards a Knowledge of Hemicrania.* Archiv f. Anat. u. Phys., 1860, p. 517. Canst., vol. i, p. 149.

The author refers hemicrania, from which he is a sufferer, to tetanus in the muscular fibres of the vessels supplying the affected side—the tetanus being caused by the corresponding sympathetic.

PHILIPPEAUX and VULPIAN.—*Note on the Regeneration of Transplanted Nerves.* Comptes rendus, 1861, April 29th, p. 849.

As reported in the last Year-book (p. 45), these experimenters found that after division of a nerve, the distant segment, after degenerating and losing its properties, is yet capable of regaining, sooner or later, its

\* The original is, "L'action du pôle négatif est bien plus prononcée sur la sensibilité cutanée que celle du pôle négatif" (sic).

structure and functions. This result has even ensued after the central portion had been torn out. More recently the authors excised a portion of the lingual nerve, two inches long, in two nearly full-grown dogs, inserting it under the skin in the inguinal region. Six months later, the peripheric part of the lingual, still isolated from the central portion, contained numerous restored tubes; the transplanted segment was of a grayish colour, united with the connective tissue of the part, and contained a number, fifteen to twenty, of slender restored tubes scattered among others in different stages of transformation. In one of the cases it was ascertained that pinching the transplanted segment elicited no sign of pain, which renders it improbable that it communicated with the nervous filaments of the region.

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WEISSMANN, AUG.—*On Nerve-formation in a Neuroma.* Zschr. f. rat. Med., vol. vii, p. 209. Canst., vol. i, p. 68.

From his examination of a traumatic neuroma on his own thumb, the author arrives at the result, that the new nerve-fibres originate, not by the division of those already existing, but from the neurilemma (likewise formed anew) and from series of spindle-shaped nuclei.

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HJELT, OTTO.—*On the Regeneration of the Nerves.* Virchow's Archiv, vol. xix, p. 352. Canst., vol. i, p. 51.

Hjelt's conclusions are—(1) that the first step towards the regeneration of a divided nerve, is a formation of connective tissue originating in the nuclei of the neurilemma (*i. e.* in the connective-tissue corpuscles), and (2) that the filaments connecting these nuclei blend with the old nerve-tubules, eventually to assume the character of nerves.

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MATTEUCCI.—*Lectures on Electro-physiology delivered at the University of Turin.* Comptes rendus, 1861, May, p. 954.

Treating of the polarities and secondary currents developed in the nerves by the passage of the electric current, the author shows that such polarization is especially powerful in the nerve traversed by the inverse current, and in the proximity of the positive electrode and of the muscle from which the nerve issues. The experiment consists in taking the nerve after the passage of the inverse current, cutting it in half and opposing the two pieces to one another. There thus arises a strong differential current belonging to the portion nearest the positive pole, although both portions, tested separately, give a secondary current in the same direction. The result is, that on the interruption of the circuit, a nerve, previously the seat of the inverse current, will be traversed by a direct one. And thus it is explained why a nerve, traversed by the inverse current, is excited with the interruption of the circuit.

To demonstrate that a muscle which has been contracting, has lost electro-motor power, and that such loss is repaired by rest, let two similar muscles on the same frog be opposed to one another, and when their electro-motor power is found to be the same, let one be made repeatedly to contract. With the double opposed pile a powerful differential current is discovered in the direction of the unexcited muscle, and if the pile be left to itself, that current gradually disappears.

The author insists upon the opposition in the deportment of a muscle and that of the electric organ of the torpedo, after excitation.

If two pieces of the electric organ be opposed, and the nerve of one piece be excited to several discharges, it will be found on recomposing the pile with the two opposed portions that there exists a strong differential current in the direction of that portion which gave the discharge.

The author therefore concludes that the electro-motor power of muscle depends on the chemical actions that preside over muscular irritability, and which are weakened with contraction, whilst that of the electric organ is sustained by nervous action, as might happen if such action gave rise in each cell to the secretion of materials capable of chemical reaction.

#### PHYSIOLOGICAL ACTION OF FOOD, MEDICINE, AND POISON.

- LANKESTER, Dr. E.—*On Food.* Illustrated. 8vo, London, pp. 400.
- ELLIS, CHARLES.—*History of the Origin and Nature of Wine; its use as a Beverage, lawful and needful, to Civilized Man.* A Lecture, pp. 56. London, 1861.
- METCALFE, JOHNSON.—*Letter on the Alcohol Question.* Lancet, Aug. 17th, p. 168.
- CLEBORNE, Dr. C. J. (U.S. Navy).—*Experiments to determine the effect on the System of the Asclepias Syriaca.* Amer. Journ. Med. Sc., July, p. 46.
- NIVISON, Dr. N.—*On the antagonistic effects of Opium and Sulphate of Quinia.* Amer. Journ. Med. Sc., July, p. 51.
- SMITH, Dr. HANBURY (New York).—*Papers on Mineral Waters.* Amer. Med. Times, Aug., Sept., and Oct. numbers.
- RYND, F. (Meath Hosp.).—*Description of an Instrument for the Sub-cutaneous Introduction of Fluids in Affections of the Nerves.* Dublin Quart. Journ., August, p. 13.
- LYSTER, Dr. D. J. (New York).—*Remarks on the use of Tobacco.* Amer. Med. Times, July, p. 55.
- BAINS, M.A.—*Infant Alimentation, or Artificial Feeding, as a substitute for Breast-milk, considered in its Physical and Social Aspects.* Lancet, Jan. 12th, p. 33.
- HEADLAND, Dr. FREDERIC W.—*On the Action of Medicines on the System.* 3rd edit. 8vo, London.
- TURNBULL, Dr. JAMES.—*On the Physiological and Medicinal Properties of Sulphate of Aniline.* Trans. Brit. Assoc., 1861.
- LENTE, Dr. F. D.—*Sulphuric Ether and Chloroform as Anaesthetics, considered with reference to their relative safety and efficiency.* Philadelphia, 1861.
- CUTTER, Dr. E. (Woburn, Mass.).—*On the new Anaesthetic Kerosolene.* Amer. Med. Times, August, p. 86.
- KÜHNE, W.—*On the Action of Woorara.* Archiv f. Anat. u. Phys., 1860, p. 517.
- STEERNBERG.—*Remarks on the Action of Atropine.* 8vo, Breslau, 1860.

HAMMOND, W. A.—*On the Nutritive Value and Physiological Effects of Albumen, Starch, and Gum.* Lo Sperimentale, p. 168. Canst., vol. i, p. 226.

The following observations were made by the author upon himself—  
(1) When albumen was employed as the sole article of nourishment, it appeared after five or six days in the urine. The animal heat sank, emaciation set in, the proportion of albumen and fibrin in the blood increased, as did the azotized ingredients of the urine. In twelve days diarrhoea and pains in the abdomen and head forbade the continuance of the experiments. (2) Starch formed for ten days the only aliment. The body-warmth rose, sugar was discharged with the urine, in which the nitrogenous substances were much diminished, the albuminous substances of the blood were reduced, whilst its non-azotized constituents were augmented. The body lost far more weight than when albumen was the only food, and there was much headache and pyrosis, with weakness. (3) Gum could be continued alone for only four days, on account of great loss of weight and strength, reduction of temperature, and derangement of every function. He considers gum to be unassimilable.

VOIT, C.—*Researches on the Influence of Salt, Coffee, and Exercise on Tissue-change.* 8vo, Munich, 1860. Canst., vol. i, pp. 149, 220.

The author's observations on the effects of salt given to a dog kept on a uniform meat diet, led to the following results—(1) If the tissues are not already saturated with this substance, a certain quantity of it is retained in the organism; but if they are saturated, a greater quantity than that administered is discharged by the kidneys, which, in the dog, are the only excretory channels. (2) Salt increases the oxydation of the systemic albumen, and the excretion of urea. (3) Even if drink be withheld, the urine becomes more abundant.

The experiments with coffee were made on a dog and on frogs. In the dog its assimilation, instead of diminishing the excretion of urea, rather increased it. In the frogs caffeine first enhanced and afterwards lowered nervous excitability. The pupils and the vessels were considerably dilated; and the cutaneous capillaries, laden with blood, imparted a rose-colour to the surface.

Exercise (mensurable, because taken on the treadmill) was found in dogs considerably to increase the consumption of the fat, but hardly, if at all, to affect that of the albumen, in the system. The source of animal power, therefore, which, according to these observations, does not lie in the transformation of albumen, is supposed by the author to be explained by the correlation of physical forces—animal electricity being transmuted into mechanical work.

MOSLER, FRED., M.D.—*On the Influence of Water on the Metamorphosis of Matter.* Med. Times and Gaz., Nov. 30th, p. 565.

In a letter dated Giessen, Oct. 25th, the German correspondent of the 'Med. Times and Gaz.' gives the following account of Dr. Mosler's experiments on the influence of common drinking-water on the human body :—

The experiments, he says, were made on a number of men, women, and children; in one series the food and the general mode of living

remained unchanged; in another, the liquids which had been usually taken, were withdrawn; and in a third, various quantities of common drinking-water were added to the usual consumption of liquids. The water used in these experiments had been carefully analysed, and was found to contain 2·7 grains of solid constituents, amongst which the carbonates of lime, iron, and magnesia, and chloride of sodium predominated. One grain of carbonic acid was contained in sixteen ounces of water.

The disturbances observed after withdrawing liquid food were very striking, and ensued more rapidly if the solid food which was taken contained only a trifling quantity of water; in persons in whom the metamorphosis was comparatively more energetic than in others; if exercise was taken, and if in consequence of previous indisposition, there was no great power of resistance to morbid influences. In every case the secretions and excretions were diminished, especially the excretion of urine, which, although its specific gravity was considerably increased, was nevertheless found to contain a much smaller amount of solid constituents than the quantity of urine which had been previously discharged. The urea was very much diminished; after that came the chloride of sodium, phosphoric and sulphuric acids. Effete matter was therefore retained in the blood, in consequence of a diminished action of the kidneys; and to this the morbid symptoms, and especially the fever which was observed, were, no doubt, to be ascribed. The excretion by the skin and the lungs was also much diminished; costiveness, loss of appetite, and a dry tongue, were complained of—symptoms evidently due to a deficiency in the secretion of the mucous membrane of the mouth, the stomach, and the intestines.

If, on the other hand, a larger quantity than usual of water was administered, the metamorphosis was greatly accelerated. The quantity of the urine, of urea, of sulphates, phosphates and chlorides, and of the faeces, was much augmented, while the uric acid appeared diminished. As regards age, sex, and constitution, the same quantity of water had a much more considerable and lasting effect in boys and girls than in adult males; if water was administered for a somewhat lengthened period to males of a feeble constitution, the metamorphosis was in them more increased than in very vigorous persons; and febrile symptoms set in which were, in a few instances, of a threatening character. The temperature of the atmosphere and of the water which was taken had also a certain influence. If the air was warm, and if at the same time exercise was taken, the metamorphosis increased more considerably; warm water appeared more effective than cold, and there were also differences according as the several quantities of water were drunk at long intervals or in rapid succession.

In cases where the increased appetite was indulged by a more abundant administration of food, the waste of the system was compensated, and the long-continued use of water made less inroad upon the constitution than when the food was not increased; the weight of the body was also not so much diminished under such circumstances. In some cases the action of the water was chiefly diuretic, in others it was more diaphoretic. As regards the intestines, generally only a very trifling quantity of water was eliminated by them; but in one boy

and two girls a large amount of water taken caused profuse diarrhoea, which was also observed in a few adult males, after the use of the water had been long continued.

**ALTHAUS, Dr.—***On certain points connected with the Nature and Action of Mineral Waters.* Lancet, Nov. 2nd, p. 422.

The author points out how hot mineral springs possess curative properties beyond those possessed by ordinary waters at the same temperature, also the great benefit resulting from the presence of carbonic acid in many of these springs. The carbonic acid plays a most important part in retaining certain salts in a soluble condition, which would otherwise be deposited, and besides, it renders the waters much more palatable. Regarding the physiological action, the author says that, in judging of the therapeutical action of spas, the mistake is frequently committed of merely taking into account the principal constituents of the water, and of concluding from their known medicinal effects upon the action of a special spa in which they predominate. A mineral water is a complex medicine, which has a peculiar mixture, a certain temperature, and in which a great variety of solid and gaseous constituents are intimately blended together. The only means by which to arrive at a satisfactory explanation of the curative effects produced by them is, therefore, to study their action when administered to healthy subjects, and to draw conclusions from the physiological effects which these waters produce.

**HASSALL, Dr. ARTHUR HILL.—***Adulterations Detected; or, plain instructions for the discovery of frauds in food and medicine.* Second edition. London, 1861, pp. 712.

The author states that the object of the work is to give—1st, a description of the various adulterations to which each article of consumption, and many medicines, have, up to this date, been subjected; and, 2ndly, the details of the various methods by which these sophistications may be discovered. The work is copiously illustrated with microscopical drawings of the objects described.

**JACKSON, Dr. C. T.—***Action of Chloroform on the Blood; probable causes of its fatal effects when inhaled as an anæsthetic.* Boston Med.-Chir. Journ., March, 1861.

Some six years ago the author reported a case of death from chloroform, where, on analysis, the blood of the right side of the heart was found to contain formic acid, but no chloroform. In that case the blood-corpuscles were withered up in a very remarkable manner. The chemical action of chloroform on the blood the author says is this:—Chloroform consists of one equivalent of formyle and three of chlorine. Formic acid consists of one equivalent of formyle and three of oxygen. When chloroform is inhaled the blood takes chlorine from, and gives oxygen to, the chloroform, thereby changing it into formic acid, and a portion of the blood is at the same time chemically changed, and rendered unfit for the purposes of nutrition. As this blood is no longer an appropriate stimulus to the vital organs, sudden death is likely to take place from a cessation of their action. According to Jackson, the great disadvantage under which chloroformization labours is, the introduction of

chlorine into the blood. He thinks we can greatly diminish the danger in employing this agent by mixing it with a large proportion of pure ether—at least, three fourths of its bulk. We thus not only dilute the dangerous with a safe anaesthetic agent, but we overcome the deadly depressing influence of the chloroform by the stimulating effects of the ether.

BROWN, Dr. BEDFORD.—*Effect of Chloroform on Cerebral Circulation.*  
Amer. Journ. of Med. Sc., Oct., 1860. Brit. Med. Journ., Jan.  
5th.

Compound fracture of the frontal bone occurred in a boy aged ten, with laceration of cerebral substance and free haemorrhage. Chloroform was administered to facilitate the removal of the depressed portions of bone. When full anaesthesia was produced, the brain-pulsations diminished, the cerebral surface receded, the haemorrhage ceased, and vascularity diminished in a ratio corresponding to the diminution of consciousness.

MARCET, Dr. (Westminster Hospital).—*On Death from Chloroform.*  
Med. Times and Gaz., July 20th, p. 56.

The author makes the following physiological remarks on chloroform. When inhaled, and consequently brought into contact with the air-cells of the lungs, it passes rapidly into the blood, by means of which it is carried to the brain. If the administration of the anaesthetic agent be suspended, the chloroform will be eliminated from the body by the respiration, each inspiration displacing most of the vapour contained in the blood exposed by the lungs to the action of air during that inspiration. The elimination from the blood of any very volatile substance possessed of a stable chemical composition may be considered, as a rule, to take place through the lungs. If the air inspired be pure, the displacement of chloroform from the blood in the lungs will be very great; if this air should contain chloroform the displacement will be less, just as when air containing a large proportion of carbonic acid is breathed, the removal of the carbonic acid of the blood is checked. When a patient begins to inhale chloroform, a portion is absorbed by the blood, the remaining is expired; but shortly afterwards, in addition to the expiration of that part of the chloroform which has not been taken up by the blood, a certain quantity of that which has been absorbed is also ejected, being displaced by the air mixed with the chloroform inhaled. At this stage, however, there is still an accumulation of the anaesthetic agent in the blood, more being taken into the circulation than given out; gradually complete insensibility is produced, and the handkerchief is removed from before the face of the patient; he now begins ridding himself rapidly of the chloroform, and recovers consciousness, unless more of the anaesthetic agent be exhibited. Marcy has come to the conclusion—(1) That chloroform must be administered cautiously, and its effects watched with particular attention, if, although the vapour be freely inhaled, the patient does not become insensible within the usual time. (2) That in every case where chloroform is administered, as soon as the state of insensibility is obtained the vapour must be exhibited diluted as much as possible with pure air; and air free from the anaesthetic agent ought to be

frequently admitted into the lungs in order to remove the excess of the vapour present in the blood. (3) That during the administration of chloroform great attention should be paid to the state of the respiration, which ought to guide the exhibition of the anaesthetic agent still more than the condition of the pulse. If the inspirations become less deep and respiration appear failing, air free from chloroform ought to be immediately admitted into the lungs, not only because this state of the respiration is an indication of there being an overdose of chloroform in the blood, but also because the diminished respiration is in itself a cause of danger, by preventing the blood from ridding itself of the chloroform it contains. (4) That when a patient has sunk under the effects of poisoning by chloroform the only means of restoring animation is by artificial respiration, adopting such a method as is best calculated to introduce as much air as possible into the lungs, in order to remove the poison from the blood, and at the same time stimulating the action of the heart.

SANSOM, Dr.—*On the Action of Chloroform.* Med. Times and Gaz., April 20th, p. 433.

After alluding to several theories regarding the action of chloroform, the author related some experiments which he had performed with it on non-circulating and on circulating blood. His conclusion is that chloroform exerts a caustic action upon the proteinous cell-wall of the blood-corpuscle; this action being manifested in the following progressive manner:—(1) Corrugation of cell-wall; alteration of shape. (2) Coherence of corpuscles. (3) Coalescence of cell-contents; an actual solution of the corpuscles. Instant stasis of circulating blood is effected if fluid chloroform permeate the lining walls of the vessels. The circulation in the web of a frog's foot, as seen by the aid of a microscope, is thus modified by anaesthetizing the frog by the vapour of chloroform:—(1) Increase of velocity of circulation. (2) Dilatation of arteries and capillaries. (3) Decrease of velocity of circulation. (4) Alteration of cell-walls of corpuscles; coherence. (5) Interruption by cohering masses to capillary circulation. (6) Stasis of the blood. The enlarged capacity of the arterial system and the decrease of the velocity of the circulation account for the anaemia of the brain observed during narcotism. ('American Journal of Medical Science,' Oct., 1860, p. 400.) The author summed up his conclusions as follows—1st. That chloroform-narcotism is due to the imperfect stimulus to the vital functions of a mal-oxygenated blood. 2nd. That this mal-oxygenation is due to the direct influence of the vapour of chloroform upon the blood, and especially upon the blood-corpuscles. 3rd. That the vapour acts caustically on the cell-walls of the blood-corpuscles, and thus impedes the endosmosis of oxygen. 4th. That if the blood be so deteriorated as to supply an insufficient stimulus to the heart, death is by syncope; whilst if stasis be primarily effected in the lungs, death is by apnea.

SANSOM, Dr.—*On the Modes of Death from Chloroform.* Lancet, Aug. 24th, p. 179.

The author concludes from his researches that in cases of danger

from chloroform we ought to rely almost wholly on the state of the pulse. When the pulse is good, dyspnoea may, to some extent, be disregarded, but if the pulse shows signs of failing, the condition is to be regarded as one of danger, and the chloroform ought instantly to be withdrawn.

KIDD, Dr. CHARLES.—(1) *Chloroform Accidents*. Brit. Assoc. for Adv. of Science, and Brit. Med. Journ., Sept. 28th, p. 341. (2) *Rules for guidance in Chloroform Accidents*. Med. Times and Gaz., Oct. 5th, p. 362.

The respiration as well as the pulse should be attended to in all cases of accident. There is now no reason to doubt that cardiac syncope is a mere accident. Death has been found to arise in animals from tetanic fixing of the respiratory muscles in the early stages of chloroform administration; to meet this danger, those means which imitate or assist respiration should be put in practice. Tracheotomy is doubtless a very severe remedy, but should never be lost sight of in accidents from chloroform. In the second communication Kidd says that, as to resuscitation, the means adopted at first should be as gentle as possible; a candle-wick gone out is to be blown in, not smothered by the *nimia diligentia*. Fanning the patient with cold, fresh air is of the first importance; the hands dabbed with cold water, which has a powerful influence in exciting the brachial and heart nerves. Too much cold water is not advisable. The patient should be brought at once into the open air, if summer, or into a very warm room, if winter; turned on his right side; the soles of the feet and interior of the ear tickled with a pen; his left arm held up, smacked with a wet towel, and that axilla and side of the chest dashed with cold water; then artificial respiration tried by "up and down" pressure rather than "rotations." Two or three needles next stuck where the omo-hyoïd lies at the outer edge of the sterno-mastoid, so as to hit, if possible, the phrenic nerve; then the *moist* pole of a Faradization apparatus applied over the part or along the spine, the other pole being inserted under the floating ribs. It is probable, the author imagines, that in the milder cases, the previous measures will succeed, especially in the instances of apnoea; but if, after five minutes' trial, little progress is made, then tracheotomy is to be performed, and a small tube (a No. 10 india-rubber catheter) passed, and air gently blown into the lungs (a large tube causes emphysema). Some ammonia and warm water should be thrown into the rectum. In syncopic cases injection of warm water with a little soda in it into a vein may arouse the heart. In apnoea (asphyxia as regards the heart, the right cavities gorged) opening a vein is useful. These measures should be continued for at least from four to six hours, the body kept warm by hot blankets, in a semi-recumbent position, and the battery, gases, and impure air rigidly excluded; even pure oxygen gas is to be avoided.

PITHA, Prof.—*On the Anæsthetic Effects of Belladonna*. Med. Times and Gaz., Aug. 3rd.

The foreign correspondent states that in a case of incarcerated hernia recently operated upon by Professor Pitha it was found that neither

chloroform nor ether was able to induce a sufficient degree of narcosis. After the patient had inhaled a very large quantity of both of these soporifics for about two hours, no anaesthesia having been induced, enemata with a scruple of the extract of belladonna were administered. Some time afterwards the patient appeared to be in a state of deep intoxication, and herniotomy was then performed. The sopor resembled a deep and tranquil sleep; the face was placid, the features calm, the respiration regular, the pulse good; neither spasms, contractions, nor paralytic symptoms being observed, and the only signs which excited anxiety, were the excessive dilatation and immobility of the pupils and the absolute impossibility of rousing the patient. Neither the removal of the patient from the bed to the operating table, nor the operation itself, induced any return to consciousness; and it was not until twelve hours after the operation that the patient awoke. He had no recollection of anything which had passed, and, with the exception of a slight irritation in the throat and dilatation of the pupils, all traces of the action of belladonna had disappeared. When he awoke (at three p.m., on a bright day) he believed it to be still night; but towards the evening of the same day the vision was entirely re-established. Professor Pitha thought that the anaesthesia was due to the combined action of the chloroform, ether, and belladonna; and he recommends a mixture of atropine and chloroform to be administered for inducing anaesthesia in cases of chloroform *réfractaires*.

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WILMSHURST, JOHN.—*A new Anæsthetic.* Lancet, March 2nd, p. 227.

The author recommends the employment of the Ol. Terebinth. rect., which, he says, produces a calm, anæsthetic sleep, without deranging the action of the heart.

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SMITH, Dr. EDWARD.—*On the Detection and Use of Alcohol.* Brit. Med. Journ., Nov. 2nd and 16th.

The following is a summary of the author's views on the action of alcohol upon the system:—

1. It increases the force of the heart's action, as proved by the fulness and sharpness of the pulse, and by the pulsation at the temples, and in the small arteries of the hands as they lie upon the table, and the height to which the foot is jerked when, after taking a glass of spirit and water, we sit with the legs crossed.

2. It determines the blood to the extremities and to the surface, the latter fact being proved by the increased redness of the hands and face, with which all are familiar. This we presume to be due to the first action.

3. It lessens, or tends to lessen, the action of the skin, as proved by the effects of rum and alcohol in the experiments, by the state of skin in those with whom it has disagreed, whether in health or disease, and by the ordinary condition of the skin in persons who habitually drink much alcohol. The action of the skin *par excellence* is the elimination of vapour, and when this action is lessened the skin becomes dry. It is not affirmed that the skin always becomes dry under the influence of alcohol; but that it commonly does so, and that as such is its action,

when taken in excess, such will necessarily be the direction of its action when taken in a less degree.

4. It increases the heat of the skin. This will follow from the three former statements; for if more warm blood be sent to a surface in contact with air, and which, therefore, must, at ordinary temperatures, be cooler than the blood, there will be an addition to its heat; and also, if the vaporization by the skin be lessened, and by it the abstraction of heat from the surface in the supply of the latent heat when a fluid is converted into vapour, as in the perpetual action of the skin, be lessened, it follows that, with a less dispersion of heat and an increased supply of heat, the skin will become hotter. This is based upon physical laws which cannot be controverted, and accounts for the sense of increased heat, without in any way affecting the question of increased production of heat, by the metamorphosis of the alcohol.

5. That alcohol renders the hands and face red, hot, and swollen, is matter of common observation.

6. When alcohol is taken in a moderate state of dilution, it produces a sensation of heat in the mouth, throat, and stomach; and, from what we know of the action of various stimulants to the mucous surface, it will increase the action of the surface if diluted, or it will arrest the action if it be concentrated, and in this respect its action is doubtless analogous to that of warm or hot water.

7. It lessens excretion of water by the kidneys. This has been asserted by all experimenters, as Vierordt, Böcker, Hammond, and Smith; and in the author's recent experiments in prisons, he found the urine was reduced twenty ounces per day on the average of three days by two ounces of alcohol daily, in four prisoners working the treadwheel, and who for months had not taken alcohol. Some alcohols, as gin, increase the action of the kidneys, at least, for a time; but that action is not due to the alcohol. When alcohol *appears* to do so, it is by lessening the power of the sphincters.

8. It lessens the excretion of urea by the kidneys. This also has been universally admitted, and will follow from the diminished excretion of urine.

9. It lessens the excretion of chloride of sodium in proportion to the diminution in the quantity of urine.

10. It lessens the excretion of faeces, as has been observed by all experimenters, and particularly by Hammond and the author; and this is apparently due to the withdrawal of fluid from the bowel; for when the faeces are passed, they are unusually hard, and passed with some difficulty.

11. If there be less fluid emitted under the action of alcohol by the skin, kidneys and bowels, and the quantity of fluid introduced into the body be not lessened, does it not follow that alcohol has the power of causing the retention of an increased quantity of fluid in the tissues, and thus of increased bulk and weight? What is meant by the popular observation that a person rapidly fed up and bloated by alcohol has not sound fat, but that the rapidity with which it often passes away proves that the bulk is chiefly due to fluid?

12. These effects occur during a limited period, since the period of

the duration of all actions is limited; and after one hour and a half the force of the heart subsides; in less than an hour the sensation of heat diminishes; after several hours, the skin regains its normal degree of action; and after one or more days, the normal excretion by the kidneys and bowels is re-established.

13. We need not refer to the action of alcohol in lessening consciousness, the perception of light and sound, and the diminution of muscular power; for when a full ordinary dose is taken, they may be perceived in every half-drunken man; and Smith has already minutely described the period of this occurrence in experiments upon himself and others. In less doses, these effects are either less evident or they are not at all perceptible; but in whatever dose, the direction of the action of the alcohol must be the same. It is impossible that a small dose of alcohol shall *directly* increase muscular power, for example, whilst a larger yet an ordinary dose decreases it; and if men half drunk have sometimes exerted unusual strength, it has been from the same cause as is seen in the efforts of a madman, not from increase of muscular power, but from increase of the effort of the will.

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LIVELING, R.—*On the Physiological and Therapeutical Action of Alcohol.* Brit. Med. Journ., p. 157.

In a paper read before the Junior Medical Society of London, the author said that the action of alcohol cannot be regarded as essentially different in health and disease, and that its therapeutic effects can be best explained by the consideration of its physiological action. He thinks the substance is eliminated from the body unchanged, and that it acts by diminishing the excretion of solids. The effects of alcohol in acute disease, he thinks, are of two kinds, viz., injurious or beneficial, as regards the natural progress of the case. Among the former are placed the following:—(1) its tendency to prevent the excretion of morbid poisons; (2) the hindrance it offers to the aeration of the blood; (3) the impediment to general nutrition; (4) its directly injurious effects on mucous membranes. Among the class of beneficial effects were enumerated—(1) the increase in power and diminution in the rapidity of the heart's action; (2) the diminution in the waste of the tissues of the body; (3) the not unfrequent sedative effect of alcohol on the nervous system, promoting sleep.

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HOOPER, Dr.—*The Alcohol Question.* Lancet, May, 25th, p. 507.

The author thinks that, in estimating the value of alcohol, the experience and testimony of healthy persons who use it habitually and in moderation, ought to be taken into account; also the fact that in all ages, and in every corner of the globe, man has discovered a method of preparing it. There are persons who do very well without alcohol, but this is no proof that it is useless to others. There are country districts where the labourers are healthy and strong without meat, and with beer almost as weak as water; but does it follow that the same fare would suit the London lawyer, barrister, judge, or member of Parliament? We all find, says the author, when on our tours in Switzerland or the Highlands, where we enjoy pure air, good food, rest and recreation of brain, when, in short, we are living rather an

animal than an intellectual life, we care nothing for and do not require any sort of alcoholic liquor; whereas, when engaged in our professions or business in London, in the midst of bad air, noise, hurry, bustle, competition, and excitement, we are conscious of an unmistakeable craving for a certain amount of alcohol with our daily food; the reason being that, in the one case, we are doing everything to refresh and fortify, and in the other to exhaust and wear out, the nervous system. This fact goes far to prove that alcohol, in some peculiar but as yet unexplained way, *does repair nervous tissue.*

THOMPSON, Dr. E SYMES.—*On the Influence of Ozonized Cod-liver Oil on the Pulse.* Med. Times and Gaz., March 9th, p. 266.

The author found that the influence of the oil on the pulse increased in proportion to the dose in which it was given, the effect of half-ounce doses, two or three times a day, being more marked than that of smaller quantities. The following table exhibits, as simply and concisely as possible, the results:

*Table showing the Changes of Pulse under Ozonized Cod-liver Oil.*

Name.	Sex.	Disease.	Time of taking Oil.	Pulse.	
				Before.	After.
J. P.	M.	Phthisis, first stage	7	116	98
J. S.	M.	Ditto	7	120	108
W. B.	M.	Tuberculous larynx	21	112	92
M. H.	F.	Phthisis, second stage	7	80	80
E. A. W.	F.	Ditto	14	140	112
C. H.	F.	Phthisis, first stage	14	100	104
R. N.	M.	Phthisis, third stage	7	150	116
E. D.	M.	Phthisis, second stage	7	138	112
J. O'D.	M.	Emphysema	4	104	86
M. M.	F.	Phthisis, second stage	5	140	108
E. R.	F.	Anæmia	4	120	116
M. S.	F.	Phthisis, third stage	2	94	92
E. H.	F.	Phthisis, second stage	10	104	88
W. S.	M.	Phthisis, first stage	7	104	104
P. R.	M.	Phthisis, third stage	4	104	96
S. E.	F.	Phthisis, second stage	20	120	92
G. M.	M.	Phthisis, third stage	4	140	120
H. C.	F.	Phthisis, first stage	2	108	95
W. H.	M.	Phthisis, first stage	5	120	96
J. R.	M.	Phthisis, first stage	9	120	98

The author also records the effects of ozone in another form. He had made use of the ozonized water (as prepared by Condy), and found its influence in retarding the pulse considerable. In reference to a belief still prevalent amongst some members of the profession, that ozone was a high oxide of hydrogen, the author remarks that he had used the peroxide of hydrogen (prepared by Messrs. Bullock), and found that it exerted no special influence on the pulse, which was more often accelerated than retarded under its use, which seems to corroborate the conclusions of Dr. Andrews, who showed (in the 'Philosophical Trans-

actions of the Royal Society,' vol. cxlv, p. 1 *et seq.*) that ozone is not an oxide of hydrogen, but simply an allotropic modification of oxygen. Of the 20 cases in which ozonized oil was given, in 11 the pulse was reduced more than 20 beats a minute; in 4 upwards of 10 beats; in 1, no effect was produced; and in 1 only was any permanent acceleration observed, and this could only be fully accounted for by disturbing circumstances. Of the 7 cases in which ozonized water was given, in 3 the pulse was lowered more than 20 beats, in 3 about 10 beats, and in 1 it was at one time retarded and at another accelerated.

HILL, Dr. W. R. (Bath).—*A few Remarks upon the supposed Influence of Ozone on the Pulse.* Ed. Med. Journ., July, p. 41.

The author considers the influence of ozone upon the pulse extremely doubtful. He tried the effects of ozonized oil on the pulse in one case (pulse 130 per minute), and failed to obtain any reduction in its rapidity.

ALTHAUS, Dr. J.—*The Lithia Springs of Baden-Baden.* Med. Times and Gaz., Nov. 23rd, p. 527.

The author states that the amount of lithia which has been found in mineral waters up to the present time is very trifling; and it is the great rarity of this substance which prevented Mr. Ure from following up his researches on it. Quite recently, however, Professor Bunsen, of Heidelberg, has shown, by a new method of investigation (see 'Year Book,' vol. ii, p. 5), that lithia is, indeed, a substance which is most universally encountered in nature. It is well known that many substances when introduced into a flame, have the property of imparting to the spectrum of the flame peculiar and brilliant rays, which are especially striking when the heat of the flame is very great and its light insignificant. Upon this fact the Professor of Heidelberg has based a method of qualitative chemical analysis which has considerably enlarged the domain of chemical investigations, and has allowed us to solve problems which were hitherto believed to be unapproachable. By means of this method Professor Bunsen discovered in the mineral springs of Dürckheim two new metals, to which he has given the names of cæsium and rubidium, which are closely related to potassium, and are the most electro-positive substances known. Concerning lithia, the same philosopher found that its compounds give rise to two quite distinct rays, one of which is of a feeble yellow, and the other of a very brilliant red. By this method  $\frac{1}{50000}$ th of a milligramme of carbonate of lithia may be distinctly traced, and one fourth of a grain of the same salt causes the red ray to continue for a whole hour. The nature of the compound in which the metal exists has no influence upon the position of the rays in the spectrum, it being the same with the chloride, the bromide, the iodide, the carbonate, the sulphate, the phosphate, and the silicate of lithia; but the intensity of the rays increases in proportion to the volatility of the compounds. Professor Bunsen has by this means discovered lithia, not only in triphylline, triphane, and petalite, but also in a large number of feldspaths, in the granite of the Odenwald, in a common spring at Schlierbach, near Heidelberg, in sea-water, in fucus which had been carried by the gulf-stream to the shores of Scotland, in the ashes

of tobacco, of grapes, of vine-leaves, of grain of every description, of the milk of animals which had been fed upon grain, &c. Lithia has also been discovered in the ashes of the human blood and muscles. A very large quantity of it was found in two of the thermal springs of Baden-Baden, namely, the Fettquelle and the Murquelle, of which the former contains 0.2315 grains of chloride of lithia in sixteen ounces of water, and the latter 2.3649 grains of it. In one hundred pounds of the salt extracted from the Murquelle nine and three quarter pounds of lithia are contained. This amount is not equalled by that contained in any other mineral spring which has yet been examined.

In speaking of the physiological effects of these waters, Althaus remarks, that at first they promote digestion, and a feeling of well-being is induced; but after they have been taken for some time, and especially when in large doses, sickness, disposition to vomiting, and diarrhoea ensue, which in most cases, however, gradually disappear, but sometimes continue as long as the water is drunk. A constant effect is an increased elimination of urine, the quantity of which is often doubled or even trebled; it becomes turbid after some time, and large quantities of a reddish sediment are deposited in it. In some of the patients treated by Dr. Ruef profuse perspiration came on after from five to ten days, and continued as long as the water was drunk; in the case of a lady who had not freely perspired for years, this perspiration even continued two months after the course had been finished. It therefore appears that the water is a diuretic as well as a diaphoretic.

**ARMAND, Dr.—*The Root of Ginseng.*** Med. Times and Gaz., May 4th,

p. 475.

The Paris correspondent of the above journal states that this root is, as a remedy, so highly esteemed in China, that it is almost valued at its weight in gold. The plant grows in Tartary, and when broken, the root has a semi-transparent appearance. It is light and without smell, and tastes like liquorice-root, first sweet, and afterwards rather bitter. When used, it is cut into very small pieces, and boiled in a water bath. The decoction of one drachm to half an ounce is taken every morning before breakfast, for from three to eight days together, and sometimes it is also taken in the evening before going to bed. No change is made in the diet or the general habits of the patient, with the exception that tea is forbidden for, at least, a month, as by its use the beneficial effect of the ginseng would be counterbalanced. This would lead to the supposition that the ginseng restores the digestive functions which have been weakened by the immoderate use of tea. It is chiefly used by weakened men and youths, and it, therefore, seems to be an exciting and probably aphrodisiac remedy.

**DYBKOWSKY and PELIKAN.—*Physiological Researches on the Action of different Cardiac Poisons.*** Compt. Rend., Aug. 26th, 1861, p. 384.

The poisons employed were antiar, tanghinia, digitalis, and green hellebore, and the results obtained were—

1. The movement of the frog's heart is arrested, while the rest of the body is unaffected, and the animal still capable of voluntary movements.

2. All the poisons acted first upon the heart, whither they were introduced by the mouth, or by a wound.

3. The duration of the heart's action, after the introduction of the poison, was from five to ten minutes in the case of the antiar, tan-ghinia, and hellebore, and from ten to twenty minutes after the administration of digitalis.

4. The ventricle is always arrested while in a state of contraction, and remains pale and empty, whilst the auricles are distended and full of blood.

5. The cardiac contractions at the end of the experiment are sometimes accelerated, at other times they gradually become slower from the very commencement.

6. The passage of the heart into complete paralysis is not gradual; after the number of the pulsations has been reduced to ten, fifteen, or twenty in the minute, the ventricular movements cease suddenly, and a little later the auricular movements gradually cease.

7. At the commencement of the experiment the heart's action is rhythmical, but towards the end it becomes irregular.

8. All the poisons exert their toxic effects upon the heart, independently of the intervention of the cerebro-spinal nervous system, so that the destruction of the medulla oblongata or cervical pneumogastric does not retard the action of the poisons. By galvanizing the pneumogastric of the frog, either before or after the animal has been poisoned, the action of the heart can be stopped. If the ventricle has ceased to beat and the auricles are still pulsating, the galvanism causes their action to cease likewise.

9. Galvanizing the abdominal sympathetic after the action of the heart has ceased, does not cause it to begin again.

10. The lymphatic hearts of frogs cease to beat after the blood heart has stopped, and before reflex movements have disappeared.

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GERMAIN, Dr.—*On the Action of Digitalis.* Gaz. Hebdom., No. 44.  
Med. Times and Gaz., Sept. 7th, p. 250.

The result of the author's investigations has led him to the following conclusions:—(1) Notwithstanding the isolated opinion of Sanders, in contradiction to all that has been observed before and since his time, digitalis does diminish the frequency of the contractions of the heart. (2) Nothing proves that it diminishes the strength of the heart's contraction, while theory, physiological research, and the author's own experiments, demonstrate that one of its mediate effects in narrowing the orifices of the heart is to increase such strength; and that, consequently, there is no danger in administering it in cases in which the energy of the heart appears diminished. (3) The frequency of the contractions of the heart in cases of narrowing of its orifices prevents this organ from recovering its normal function, and disorder of the circulation being thus produced, the amelioration which follows the administration of digitalis is explained simply by the power it possesses of diminishing the frequency of the contractions. (4) There is no proof that digitalis is possessed of diuretic properties, the reputation conferred upon it to this effect by Withering having been accepted

without discussion. (5) The diuresis which often follows when an amelioration of the condition of the circulation has been produced in organic affections of the heart through the administration of digitalis, is only a mediate effect resulting from the return of the circulation to its normal condition. (6) All authors are unanimous in admitting that digitalis exerts a powerful action on the stomach, stimulating the appetite in small doses; but in those which are required to act upon the heart, inducing anorexia, or even nausea, so as to become in many cases the cause of dangerous dyspepsia.

From the above it follows that digitalis should be employed in affections of the heart consisting in narrowing of the orifices of this organ. But, in other affections, accompanied by palpitations, great care must be taken not to give it, inasmuch as the relief it gives rise to is in such cases insignificant, and so far from acting on the primary cause of the disease, it would, in the majority of cases, only keep this up by deranging the functions of the digestive organs. Lastly, it should not be administered in dropsy which does not depend upon an affection of the heart, for it possesses no diuretic properties, and given in such cases, under this false idea, it may become a cause of dyspepsia, and place new obstacles in the way of recovery, or hasten the fatal termination of the disease.

**INMAN, Dr. T.—*Coloration of Faeces after taking Mercurials.*** Brit. Med. Journ., Oct. 12th, p. 397, and Nov. 2nd, p. 478.

The author gives the following deductions as the result of his own and others' experience:—(a) That the peculiar colour of the stools in each animal does not depend upon a variety of colour in the bile; (b) that the colour is due to some change which occurs in the colon; (c) that the colour varies with the food, the bile remaining the same; (d) that no change occurs in the colon in the total absence of bile.

**SCHNEIDER, Dr.—*On the Elimination of Mercury from the System.*** Med. Times and Gaz., Sept. 14th, p. 281.

The Vienna correspondent states that Dr. Schneider's researches have yielded the following results:—During the internal administration of such preparations the electrolytic examination of the urine shows always traces of mercury; but the quantities are so small that the amount of urine discharged within twenty-four hours is often not sufficient for a satisfactory result, and the metal must be searched for in the whole of the urine discharged within from three to six days. Traces of mercury were also found in the urine of a patient who had not taken it internally, but had been treated with mercurial ointment. The elimination of the drug by the urine lasts for some time after the mercurial treatment has been discontinued. In the first week afterwards it is invariably found, and in two cases it was even discovered in the fourth and the sixth week afterwards. After six weeks Dr. Schneider has never succeeded in discovering traces of mercury by electrolysis. The elimination of it is not promoted by the administration of iodide of potassium, as the quantity of mercury contained in the urine was not at all increased, but rather diminished, when that drug was given; and

if it was taken a few months after the termination of the mercurial treatment, mercury did not reappear in the system, probably because none was left behind. One patient who had suffered from syphilis for five years, and had been three times treated with mercury (the last time very energetically), having used twenty drachms of ointment, equivalent to more than 120 grains of mercury), died of pericarditis two months after the third course, and Dr. Schneider searched for mercury in the internal organs. The result was that the bones, the brain, and the spleen, which are generally believed to retain mercury for years, did not contain a trace of it, while the kidneys showed an infinitesimal quantity of the metal, and the result of the examination of the liver was doubtful. It is, therefore, evident that mercury entirely disappears from the system a short time after the end of the treatment, and cannot, therefore, cause secondary syphilitic symptoms; nor can it be eliminated from the system years after the treatment by electro-chemical baths. In two cases of hydrargyrosis considerable quantities of mercury were discovered in the urine, and in one of them, which ended fatally, also in the internal organs, especially in the liver. Urine which contains mercury does not necessarily contain albumen also, but in the two last-mentioned cases of hydrargyrosis there was albumen in the urine. Saliva collected during a mercurial treatment does not contain any mercury. The quantity of mercury which is eliminated after the end of the treatment amounts to about one fourth of that actually administered.

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**TURNER, W., M.B.—*On the Mode of Elimination of the Metal Manganese when employed medicinally.*** Ed. Med. Journ., April, p. 903.

The author analysed the urine of two persons to whom the permanganate of potash had been administered during three weeks for the treatment of diabetes, and found that manganese is freely eliminated from the system by the kidneys. He did not ascertain in what state the metal was in the urine, but thinks it probable that it was in the form of a chloride or sulphate, or perhaps of both. Turner says that, while his observations do not preclude the possibility of a partial elimination of the metal taking place by the liver, as has been generally stated, yet the evidence upon which that statement has been made is neither very clear nor very extended, for it seems rather to have been based upon a supposed analogy between the mode of excretion of manganese and such metals as arsenic and antimony, than upon a direct experimental inquiry.

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**SPENDER, J. K.—*The Hypodermic Action of Atropia.*** Brit. Med. Journ., Nov. 23rd, p. 554.

The physiological effects of this alkaloid *must*, in a certain measure, be produced if benefit is to follow the hypodermic use of the drug. Dryness of the fauces, sensation of enlargement of the tongue, dilatation of the pupils, and intellectual hallucinations, have been observed after very moderate doses.

TÜRK, C.—*Experiments on the use of Opium.* 8vo, Breslau, 1860.  
Canst., vol. i, p. 192.

It was found that, when solution of opium was applied to the surface of the brain (in rabbits), the animals were speedily seized with tetanic spasms, and afterwards died.

BEZOLD, A. von.—*Researches on the operation of the Woorara Poison.*  
Archiv f. Anat. u. Phys., 1860, pp. 168, 387. Canst., vol. i, p.  
191.

This communication is in continuation of the author's previous inquiries (see 'Year-Book,' vol. ii, p. 67). He finds—(1) that if the temperature of the air be raised, it hastens the occurrence of the gradual retardation and final cessation of the heart's action, observed to occur in frogs poisoned by woorara. (2) The poison acts only through the blood, for if it be administered after complete interception of the circulation in the leg of a frog, irritation, either of the poisoned or unpoisoned surface, excites contractions in the corresponding foot—contractions which may be elicited during six or eight hours, unless the event be hastened by elevation of temperature. (3) Direct application of a solution of the poison to the spinal cord, after ligation of the heart, is shortly followed by tetanic spasms on every attempt at voluntary movement.

WUNDT, W., and SCHELSKE.—*On the Influence of Woorara Poison on Nerves and Muscles.* Verh. d. naturhist. Vereins in Heidelberg.  
Canst., vol. i, p. 192.

These inquirers state that, in poisoning by woorara, (1) there is always a stage of increased reflex irritability; (2) reflex movements may be elicited after the abolition of direct irritability; (3) the heart's beats increase in frequency; and now (4) tetanic excitement of the vagus does not arrest, but accelerates, the pulse, and this in proportion to the strength of the current.

## ORGANS OF SENSE.

HICKS, Dr. J. BRAXTON.—*On the Homologies of the Eye, and of its parts in the Invertebrata.* Proc. Roy. Soc., No. 43, p. 81.

ROSE, E.—*On Colour Blindness produced by Santonin.* Virchow's Archiv, vol. xviii, p. 15; vol. xix, p. 522.

NAGEL.—*On the Simultaneous Action of the two Eyes.* Verh. d. Naturhist. Ver., vol. xvi, p. 9.

FECHNER.—*On some relations of Binocular Vision.* Leipzig, 1860.

MÜLLER, H.—*On Dark-bordered Nerve-fibres in the Retina.* Wurzb. Natur. Zeitschr., vol. i, p. 90.

SCHULTZE, Prof. MAX (Bonn).—*On the Structure of the Retina.* Med. Times and Gaz., Aug. 24th, p. 205.

BUROW.—*On the influence of Peripheric Portions of the Retina on the regulation of the adjusting Movements of the Eye.* Gräfe's Archiv, vol. vi, pt. i, p. 105.

AMMON, V.—*Aids to a more accurate knowledge of the Optic Nerve, especially its Intra-ocular End.* Prager Vierteljahrssch., vol. i, p. 140. Canst., vol. i, p. 99.

- RICHARDSON, Dr.—*On the Artificial Production of Cataract.* Transactions Brit. Assoc., 1861.
- KNAPP.—*On the situation and curves of the Surfaces of the Human Crystalline Lens, and the effect of its changes during accommodation on the Dioptrics of the Eye.* Gräfe's Archiv, vol vi, part 2, p. 1, and vol. vii, part 2, p. 53.
- ZÖLLNER.—*Contributions to the Chromatic and Achromatic Aberration of the Human Eye.* Pogg. Ann., vol. iii, p. 829.
- ZÖLLNER.—*On a new relation of the Retina to the Movements of the Iris.* Pogg. Ann., vol. iii, p. 481.
- HELMHOLTZ.—*Physiological Optics.* In Karsten's Physikal. Encyclopädie, Leipzig, 1860.
- TREELTSCH, Dr. A. von.—*The Anatomy of the Ear in its practical application to the Diseases of the Organ of Hearing.* Contributions to a scientific foundation of aural medicine and surgery. Würzburg, 1860, p. 106.
- DEITTERS, O.—*Researches on the Lamina Spiralis Membranacea* A contribution to the knowledge of the internal ear. Bonn, 1860.
- EYREL, FRANZ.—*Physiology of the Human Voice.* A text book on the cultivation of the voice and speech of man. 8vo, Leipzig, 1860.
- PFLÜGER, E.—*Precursory communication on the Law of Electric Sensations.* Med. Centralzg., vol. xxviii, p. 69.
- PFLÜGER, E.—*Papers on the Electric Sensation.* 4to, Bonn, 1860.

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SCHULTZE, M.—*Observations on the intimate Structure of the Retina.* Bonn, 1859.

The author's very minute investigation of the anatomy of the retina leads him to the following results, namely—(1) The “radiating fibres” recognised by Müller consist of connective tissue, for they are neither similar to, nor blended with, the nervous elements. (2) The “limiting membrane” is formed by the multiplication and retiform expansion of those filaments. (3) This retiform arrangement is not confined to the surface, but exists throughout the substance of the retina, as far as the radiating fibres extend, *i. e.* as far as the outer granular layer, forming a network of extreme delicacy, enclosing and protecting the nervous elements. (4) The radiating fibres are not, as Kölliker thinks, connected in the outer granular layer with the granules, and thus indirectly with the rods. The network only contains the granules in its meshes, and abruptly ceases at the outer surface of the columnar layer, in an expansion analogous to the limiting membrane which it forms at its opposite termination. (5) The nerve-fibres of the retina are, as Bowman correctly teaches, free cylinder-axes, without medulla or neurilemma. (6) The ganglion-cells, which are in direct conjunction with the optic fibres, are supported by the net of filamentous tissue above described. (7) They are simple, nucleated intumescences of the cylinder-axis, like ganglion-cells in general, which, it may be mentioned, the author distinguishes into four kinds—(*a*) naked cells (brain, cord, retina), (*b*) cells with neurilemma only (peripheric ganglion, with multipolar cells, (*c*) cells with medullary sheath only (bipolar cells of the

acoustic), (d) cells with both sheath and neurilemma (bipolar cells of spinal ganglia). With these correspond in structure four orders of nerve-fibres, the second and third orders occurring respectively in the sympathetic, and in the white substance of the brain and cord as well as the optic and part of the acoustic nerves. (8) The retinal nerve-cells are all multipolar, and some of the processes anastomose with neighbouring cells, whilst others traverso the molecular layer to unite with the granules (regarded by the author as true nerve-cells) of the internal granular layer. (9) Nerve-filaments then pass through the inter-granular space to become connected with the elements of the outer granular mass, which, in their turn, communicate directly with the stratum of rods; these therefore (unlike the cones) form the true ends of the retinal nerve-fibres.

**BREWSTER, Sir DAVID.**—*The Optical Study of the Retina.* Trans. Brit. Assoc. for Adv. of Science, 1861. Brit. Med. Journ., Oct. 5th, p. 367.

Optical means have been found available for exhibiting two structures in the retina—the one a field of hexagonal patterns, shown by the successive impulses of light, the other consisting of dark, quadrangular lines, separated by parallel lines of bright light, and shown by the action of faint light produced either without or within the organ.

**MANZ.**—*On the Structure of the Retina in the Frog.* Zeitschr. d. rat. Med., vol. x, p. 301. Canst., vol. i, p. 63.

This observer (1) demonstrates in the retina of the frog the framework of filamentous tissue traced by Schultze in that of man (see page 64). (2) He has not, however, succeeded in discovering the radiating system of nerve-fibres described by that histologist. (3) Although he has not met either with multipolar cells or unquestionable nerve-fibres, the optic layer excepted, he does not hesitate to regard Ritter's filaments (see page 66) as nervous elements.

**WEBER, C. O.**—*On the Structure of the Vitreous Body, and its pathological changes, especially those of an inflammatory nature.* Virchow's Archiv, vol. xix, p. 382. Canst. vol. i, p. 35.

Weber states that (1) the vitreous body consists of the variety of connective tissue called by Virchow mucous tissue; (2) the cellular elements are discoverable throughout its substance; (3) in the anterior part of the humour the cells form distinct meshes, whilst centrally and posteriorly they appear as roundish bodies, scattered in the matrix like cartilage-cells, and hardly betraying any offsets, which, however, become distinct in disease; (4) neither in man nor in mammalia has the author detected septa, whether concentric or centrifugal; certain rigid fibrous tracts of the matrix have given rise to such an appearance; (5) epithelial cells are absent; (6) the cells are to be regarded as the nutritive canals of the vitreous substance.

**MÜLLER, H.**—*On Smooth Muscles and Nerve-plexuses in the Human Eye.* Verh. d. Würzb. Phys.-med. Ges., vol. x. Canst., vol. i, p. 100.

Numerous observations have convinced the author of the presence of (in all probability) smooth muscular fibres in the choroid, especially in

the track of the arteries; as also of plexuses of dark and pale nerve-fibres, mostly derived from the ciliary nerves, and enclosing ganglionic cells.

SCHWEIGGER, C.—*On the Ganglion-cells and Pale Nerves of the Choroid.*  
Archiv f. Ophth., vol. vi, part 2, p. 320. Canst., vol. i, p. 61.

The author corroborates Müller's discovery of the nervous plexuses in the choroid, consisting of pale nerve-fibres and ganglion-cells.

RITTER.—*On the Structure of the Rods and on the external terminations of the Radiating Fibres in the Frog's Retina.* Archiv f. Ophth.  
vol. v, part 2, p. 101. Canst., vol. i, p. 58.

In the retinal columns of the frog this observer traces delicate fibres connected severally with a nucleus of the external granular layer, and ceasing a little distance from the outer end of the rods. In eyes hardened by chromic acid it is, he avers, very evident that the rods consist of an external, consistent, homogeneous envelope, open at its inner and closed at its outer end, a narrow filament lying in the axis of that tube, and a medullary substance surrounding the filament.

HENKE.—*The Mechanism of Accommodation for Short and Long Distances.*  
Gräfe's Archiv, vol. vi, part 2, p. 53.

GRÄFE.—*A Case of Traumatic Absence of the Iris, as a contribution to the theory of Accommodation.* Gräfe's Archiv, vol. vi, part 2, p. 150.  
Canst., vol. i, pp. 12, 170.

In Gräfe's case one iris had been entirely removed in the treatment of an injury, yet the eye was ascertained to possess the adjusting power of a normal organ. This proves that the iris does not participate in the act of accommodation. In the instance in question, where the ciliary circle could be directly observed, no contraction or dilatation thereof was seen to attend the focal adjustment of the eye, a circumstance opposed to a theory of the mechanism of accommodation originally advanced by M. Langenbeck, and now supported by Henke.

BECKER, O.—*Observation of a Reflected Image in one's own Eye.*  
Wiener Med. Wochenschr. No. 42, p. 1. Canst., vol. i, p. 174.

Coccius having stated that, if a candle be passed across the field of vision, a second and reversed image of the flame may be seen moving in the same direction as the true image, and attributable to reflection from the hyaloid membrane, Becker repeated the experiment, but found the movements of the reversed image were in a direction opposite to those of the candle, whence he refers it to reflection of the image of the posterior surface of the lens (Purkinje's third image) at the concave aspect of the cornea.

DONDERS.—*Contributions to a knowledge of the Anomalies of Refraction and Accommodation.* Gräfe's Archiv, vol. vi, part 1, p. 62, part 2, p. 210; vol. vii, part 8, p. 155. Canst., vol. i, p. 12.

This author's extensive researches have satisfied him that the power of visual adjustment (measured by the difference between the respective values of the short and long focal distances) diminishes in astonishingly close proportion to advancing age in all healthy eyes. This, he believes,

is so true that, given the distance of the long focus and the age of the person, a knowledge (by Donders' law) of the power of accommodation proper to that age enables us to calculate the distance of the short focus.

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**GIRAUD-TEULON.**—*On the Movements of Lateral Decentration of the Crystalline Apparatus.* Comptes rendus, 1861, March 4th, p. 383.

The author argues that the muscular ring in which the crystalline lens hangs sufficiently indicates that the latter is not, as has been hitherto assumed, merely a passive fixture in the globe of the eye, but a body possessing in its movements a certain independence of the external muscles of the eyeball. He states, indeed, that he has, by observing the changes undergone in reflected images, experimentally determined that in the passage from monocular instrumental vision to binocular vision the lens experiences such alterations in form and situation as are adapted to effect the coalescence of double images.

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**VALLÉE, L. L.**—*Note on the Theory of Vision.* Comptes rendus, 1861, April 8th, p. 702, and May 20th, p. 1020.

Magendie found that a taper moved further and further from the extirpated eye of an albino rabbit gives an image which continues of uniform intensity, instead of varying, according to optical laws, inversely to the square of the distance. Magendie thought that this fact would overturn all the ordinary theories of vision. The simple fact is, however, says M. Vallée, that none of the current theories recognise the real tenuity of the efficient pencils of light, or that the field of vision open to the human eye would not exceed two or three hundred mètres if those pencils all occupied the entire pupil.

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**TOYNBEE.**—*On the Action of the Eustachian Tube in Man.* Med. Times and Gaz., Sept. 29th, p. 334.

At the meeting of the British Association Mr. Toynbee stated that the Eustachian tube is always closed except during the act of deglutition. In proof of this he showed that, by filling the mouth and chest with air, closing the mouth and nostrils, and making a forcible effort at expiration, a sensation of fulness is produced in the ear, due to the pressure of the air enclosed in the tympanic cavity. The sensation continuing until an act of swallowing is accomplished, when, the tube being opened, the air escapes and the feeling of oppression vanishes.

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**MAGNUS.**—*Contributions to the Anatomy of the Middle Ear.* Virchow's Archiv, vol xx, Parts 1 and 2. Canst., vol. i, pp. 97, 178.

The principal results of the author's researches are that—(1) The long process of the malleus is a structure originally distinct from the malleus, and is not preformed in cartilage. (2) The articulation between malleus and incus is a synarthrosis. (3) The ligaments of the malleus, reckoning the tympanum as one, are equally tense in every direction. (4) The tensor tympani is firmly attached to the bone where it bends over it. (5) The ossicula are, therefore, not susceptible of special loco-

motion, such as lever-movements, but only of the vibrations common to all tense structures.

FESSEL.—*On the Sensibility of the Ear to the Pitch of Musical Tones.*  
Pogg. Ann., vol. cxi, p. 500. Canst., vol. i, pp. 9, 178.

Fessel has made the remarkable observation that the ears of the same person hear the same tone at different pitches. It is usually the right ear in which the tone sounds highest. The test is to be made by applying to each ear one of two tuning-forks which are as nearly as possible in unison.

BATTAILLE, CH.—*New Researches on Vocalisation.* Comptes rendus,  
April 15th, 1861, p. 716.

The following are the results of, and inferences from, this author's inquiries:—(1) In the production of voice the vocal cords are invariably tense in the antero-posterior and supero-lateral (or ventricular) directions, though infero-laterally they may be slack (falsetto). (2) The insensible gradations of such tensity correspond to the varying pitch of the sounds produced. (3) The degrees of tension may become compensatory of the varying force of the air-current. (4) The glottis closes posteriorly for a variable distance in vocalisation, which, indeed, would be impossible without such closure. (5) The increase or diminution of this occlusion may, like the varying tensity, compensate for lessened or intensified breath-current. (6) The progressive apposition of the arytenoid cartilages may take place either inferiorly, as in the chest-notes, or superiorly, as in the head-notes. (7) Intensification of the air-current tends to raise pitch by stretching the cords, but, if produced whilst one tone is maintained, it diminishes the tension and extends the rima backwards. With regard to the comparative mechanism of the natural and falsetto ranges, the author observes that *in the chest-voice* the glottis is linear, the arytenoid cartilages are in *inferior* contact, and the cords are tense in all their three regions aforesaid; whereas *in falsetto* the glottis is ellipsoid, the cartilages are in *superior* contact, and the infero-lateral region of the cords is relaxed. The very different extent of the singing-voice of different persons is thus explained:—The progressive occlusion of the glottis is due to the meeting of the arytenoid cartilages, and, after them, to certain fibres of the thyro-arytenoid muscle which are inserted in and bring together the cords. During the approximation of the cartilages the elevation of the voice is easy, but if the muscular fibres just specified be feeble or absent, the whole strain will fall upon the mechanism destined to effect longitudinal tension. Now, all singers, it is added, who command an extensive range of chest-notes possess long arytenoid apophyses and voluminous larynges, containing highly developed vocal cords, conditions under which longitudinal tension is less required. The tenor, barytone, or other character of a voice is due to special size, density, and intimate structure of the cords. In falsetto the sub-glottidean region relaxes, *i.e.* the vibrating surface is reduced a full third. Thus, less tension will be necessary to produce a given high note, and, as the rima glottidis has simultaneously become further open behind, the arytenoid carti-

laces may again be apposed, and the voice will be increased in extent by the amount of tension and occlusion yet available.

**LOBB, HARRY.**—*On the Cutaneous Sensibility of the Hand and Foot in different parts of the Surface, as tested by the continuous galvanic current.* Proc. Roy. Soc., No. 45, p. 356.

In these experiments a 60-element Pulvermacher's bath battery was employed. (1) On placing the metal conductor upon the skin of the arm or back of the hand, the burning sensation is unbearable. (2) On placing it on the palm or under surface of the fingers, no pain is experienced. (3) There is a line running down the side of each finger where the painful sensation commences. (4) This line can be detected by the eye, the smooth, papillary skin being insensible, the hairy, polygonally reticulated skin being acutely sensible. (5) The same holds good in respect to the foot.

**FICK, A.**—*Experimental Contributions to the Physiology of the Sense of Touch.* Moleschott's Untersuch., vol. vii, No. 4, p. 393. Canst., vol. i, p. 179.

It was observed that, in the less sensible parts of the skin, the impression of heat proceeding from a body not in contact with the surface is occasionally mistaken for the touch of a solid body.

## RESPIRATORY SYSTEM.

**SALTER, Dr. HYDE.**—*On the Nature and Cause of the Respiratory Murmur.* Brit. and For. Med.-Chir. Rev., April, 1861, p. 502.

**HYRTL.**—*On Portions of Lungs without Blood-vessels.* Transactions Brit. Assoc., 1861.

**DEICHLER.**—*Do the Pulmonary Vesicles possess an Epithelium or not?* Zeitschr. f. rat. Med., vol. x, p. 109.

**TÜRK, L.**—*Practical Guide to Laryngoscopy.* 8vo, Vienna, 1860.

**MERKEL, L.**—*The results of Recent Inquiries in Laryngoscopy and Phonetics.* Schmidt's Jahrb., 1860, vol. 108, No. 10, p. 81.

**ROBINSON, Dr. G.**—*On the Connection between the Functions of Respiration and Digestion.* Transactions Brit. Assoc., 1861.

**CHRISTIAN, Dr.**—*The Marshall Hall Method.* Lancet, April 13th, p. 375.

**BÄUMLER, C.**—*Observations on the Action of the Intercostal Muscles, with an historical account of the subject.* 8vo, Erlangen, 1860.

**SCHOEMACKER, A. H.**—*On the Action of the Intercostal Muscles.* Archiv f. d. Holländ. Beit. z. Natur. u. Heilk., vol. ii, No. 3, 1860, p. 197. Canst., vol. i, p. 132.

Bäumler observed the actions of the intercostal muscles in several persons whose chests were particularly favorable to their inspection, viz., a youth in whom the sternal portion of the pectoralis major was absent, a woman from whom a part of the same muscle had been removed with the mamma, and two very emaciated persons. (1) In the

first-mentioned subject the contraction of the uncovered portion of the internal intercostal muscle during inspiration was very obvious. In coughing, the interspaces became bulged, the intercostal muscles being relaxed. (2) The transit of an electric current along an intercostal space caused contraction of its muscles and elevation and prominence of the lower rib, a condition not reversed in either act of forced breathing nor modified if a rib was first fixed by pressure with the finger. (3) It was remarked in a boy five years old, when under the influence of chloroform, that at first the breathing was costo-abdominal, when the internal muscles were seen to contract during inspiration. (4) Subsequently the respiration became purely abdominal, and then the same muscles ceased to contract and the upper spaces fell in during inspiration, which was attended with detraction of the lower ribs. (5) It was observed in etherized rabbits that, if air was admitted to the pleural cavity by a puncture, the intercostals acted more vigorously. But although expiration is here very forcible, it was never accompanied by contraction of the internal muscle. (6) The author infers from these facts that both orders of intercostal muscles act simultaneously, and only in inspiration, calm or forcible, whilst in every mode of expiration they are relaxed.

Schoemacker is of opinion, from clinical and anatomical considerations, that in thoracic expiration and abdominal inspiration the internal muscular stratum approximates and detracts the ribs, although it may sometimes co-operate with the external (inspiratory) fibres.

GERHARDT, C.—*The Position of the Diaphragm.* Tübingen, 1860.  
Canst., vol. i, p. 132.

The only observation of the author's which need be quoted is, that the diaphragm, by its contraction, expands the base of the chest in proportion to the resistance of the abdominal wall, but that when the abdomen is laid open it draws the ribs inwards.

OWSJANNIKOW.—*On the stoppage of the Respiratory Process in Expiration during Irritation of the central end of the Vagus.* Virchow's Archiv, 1860, vol. xviii, p. 457. Canst., vol. i, p. 189.

The author's experiments on dogs showed that (1) faint electric currents applied to the proximal portion of the vagus have no effect in modifying the respiration; (2) currents of medium intensity only momentarily check it, though in some cases inspiration becomes more and more shallow, until the breathing stops in deep expiration, and (3) strong currents arrest the chest-movements in expiration for periods of three to ten seconds.

BUDGE, J.—*Effects of dividing the Phrenic and Vagus Nerves.* (Extracts from his physiological lectures.) Deutsche Klinik, No. 32, 1860, p. 305.

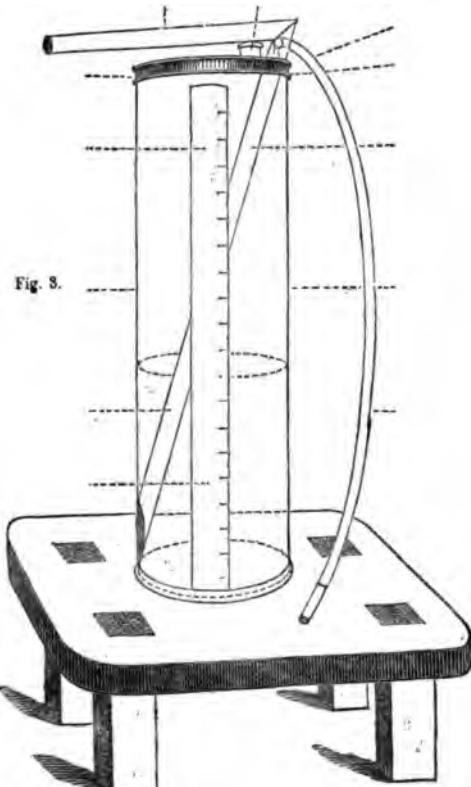
This experimenter observed that—(1) If all the roots of the phrenic nerve of one side be divided (in the rabbit), the sound half of the diaphragm alone contracts, whilst the intercostal muscles act more vigorously. If the animal's nose and mouth be obstructed, the paralysed half of the diaphragm is raised. (2) If a rabbit survives the

section of the vagus for about twelve hours, the lungs are found to be partially hepatised, which is also the case, though to a less extent, when the windpipe has been ligatured, but not completely closed.

**LEWIS, Dr. T.—*The Hydro-spirometer.*** Brit. Med. Assoc., 1861, and Brit. Med. Journ., Sept. 7th, p. 255.

The author has invented a new form of spirometer, constructed on the principle of displacing a certain quantity of water from a graduated glass jar by an extreme effort of expiration. Several advantages over the older form (Hutchinson's) would seem to be secured by its use. Fewer precautions are necessary while experimenting, and higher results are furnished by its employment.

*Description of the instrument.*—The jar is about sixteen inches in height and five and a half inches in diameter. It is closed at the top



1. The glass jar. Sixteen inches in height; five and a half inches diameter.
2. The metallic cap cemented to the jar.
3. The emptying largest tube.
4. Short tube for pouring in the water; closed by a cork during an experiment.
5. An elastic tube, through which the air is blown, and which is attached to a small tube opening into the jar. This is seen in dotted lines through the outline of the largest tube.
6. The graduated scale.

by a metallic cap, which is perforated by three holes, into which are inserted corresponding tubes, as will be seen in the diagram (Fig. 3).

While in operation, the instrument is laid on a reclining board horizontally on the table, having been previously filled with water up to the level of the mark which indicates the commencement of the graduated scale. The glass mouthpiece at the extremity of the elastic tubing is then placed in the mouth, and, after an extreme inspiration, the fullest expiration is made. There is no necessity for any precautions at the close of the expiratory effort. After the effort the instrument is replaced in the erect position, in order to read off the amount of air introduced into the jar. There is no necessity for any correction on account of temperature, as it is assumed that the air proceeding from the lungs is nearly always of the same temperature.

BOCHDALEK.—*On the relation of the Mediastinum to the Anterior Thoracic Wall, the Lungs, the Heart and Pericardium, &c.* Prager Vierteljahrsschrift, 1860.

Using extraordinary precautions against error, this anatomist has endeavoured, by the examination of the bodies of eighty-one new-born infants and children, to determine whether Luschka's results ('Year Book,' vol. i, p. 91), which have been disputed by Hamernik, be correct. He arranges the cases in five categories:—(a) The right pleura extends only to the right border of the sternum, or to a variable distance towards the left margin, which it sometimes attains, whilst the left pleura reaches that edge in its upper portion only, diverging inferiorly, so as to leave a mediastinal space behind the sternum, and especially behind the cartilages of two to four of the left lower true ribs, where the thymus and pericardium are in part uncovered. (Thirty-three cases.) (b) Both pleura more or less nearly meet at the left margin of the sternum, so that the mediastinum almost or quite disappears. (Twenty-two cases.) (c) Each pleura reaches the corresponding sternal border, or thereabouts. The space thus left generally narrows more or less from before backwards, or towards the pericardium. (Six cases.) (d) Both pleura approximate or arrive at the middle line of the sternum, especially in the body of the bone. (Six cases.) (e) Fourteen cases could not be ranked under any of these heads. The author engages to publish the results of equally extensive researches in adults.

RICHARDSON, Dr. B. W.—*Paper on Resuscitation.* Read at the Meeting of the British Association at Manchester, Sept., 1861.

Death, in the cases which the author considered proper for attempt at resuscitation, was defined as a condition in which both the beat of the heart and the force of respiration had entirely ceased, and in which the animal, if left alone, would pass into putrefaction and dissolution. There was a limitation as to time after death, during which the means of resuscitation could be applied with a chance of success. This time was limited by one of two occurrences—coagulation of blood in the vessels of the body, and putrefaction of the tissues. The first of these events rarely occurred in cases of death, such as had been described, within twenty minutes; the second was often deferred as many hours.

A perfect means of resuscitation ought, therefore, to be successful up to, at least, a period of twenty minutes after death.

There are four methods at present known by which endeavours have been made to produce reanimation:—(1) Artificial respiration. (2) Galvanism. (3) Injection into blood-vessels. (4) Artificial circulation. Artificial respiration is almost a certain means of restoration when the action of the heart has not stopped; but if the heart has ceased, then the process, however long continued, is of no avail, inasmuch as the column of blood which should be passing from the heart to the lungs is checked, and no blood is presented to the air which the patient is made to inspire. The author gave the results of sixty experiments in which he had employed common air, and of several other experiments in which different substances, such as oxygen, chlorine, oxy-hydrogen, and ozone, had been mixed with the air used; but in all these cases the results were negative, because the action of the heart had stopped. There was, nevertheless, this great fact to be remembered, that in instances where the respiration had ceased, the influence of artificial respiration in restoring the failing heart is materially increased by making use of an air heated to  $130^{\circ}$  Fahrenheit. Dr. Richardson therefore suggests that in all receiving houses for persons who may have been drowned, or accidentally killed by other means, a hot-air bath should always be kept ready, in which the patient should be at once placed, and the air of which should be used for artificial respiration.

Galvanism, as applied to purposes of resuscitation, was first used by Aldini; but the galvanic current was generally applied in a very empirical manner. The two important points to be solved were—(a) Whether galvanism could be used to start the respiration? (b) Whether it could be used to start the heart after that had stopped? The author had made numerous inquiries on these points, and came definitely to the conclusion that galvanism, however carefully applied, tends to exhaust rather than to restore the heart, and that although it might be made to induce respiration by directing the current in intermittent shocks through the chest, from the larynx to the diaphragm, yet that the muscular exertion it produced exhausted the muscular force more quickly than the mere rest or natural death of the muscle. Dr. Richardson, at this point, exhibited some newly constructed apparatus which he had used in his researches. The idea of injecting fluids into the blood-vessels as a means of restoration was first thrown out in the seventeenth century. Recently it had been shown by Dr. Brown-Séquard that the injection of blood into the limbs of the dead subject would restore muscular irritability for a long time after dissolution, and even after rigidity. The author had himself determined that, three hours after death, in inferior animals, active muscular movements could be excited by the injection of water heated to a temperature of  $115^{\circ}$  to  $120^{\circ}$  F. The injection of fluids into the blood-vessels (arteries) might therefore be turned to account; but there were certain practical difficulties in the way, for if blood were to be used there would be difficulty of obtaining it in every case, and all other fluids which the author had tried produced too destructive an effect on the blood remaining in the body to prove of effective service. The author had tried the injection of

various agents, such as oxygen, peroxide of hydrogen, and certain of these had promised, at first, useful results, but in the end they had failed from physical reasons.

The last method was described under the term "artificial circulation." This method was invented by the author, and named by him. It consisted in an attempt to supplement the forcing power of the heart for a short time by mechanical means, so as to enable him to drive or draw a stream of blood over the pulmonic circuit. The various contrivances and instruments employed in this endeavour were particularised, the difficulties of the pursuit explained, and the failures accounted for. In one experiment it was shown that, when artificial circulation was established in an animal, the blood traversed the lungs, made its way afterwards over the arterial channels, and reproduced muscular action, and even sensibility. As yet, however, the operation for artificial circulation was too formidable to be used in the human subject; it was, nevertheless, the point to which attention should be specially directed.

Dr. Richardson's conclusions were as follows:—In cases of suspended animation, if there is the merest attempt at breathing, place the patient in a very warm atmosphere, but do not meddle further; if the respiration has quite ceased, set it up artificially, using warm air for inflation, and continue this for at least fifteen minutes, for the heart may not have ceased to beat, and if not, the operation will often succeed. Avoid galvanism; it is a deceptive and dangerous remedy. The great desideratum is an improved method of producing artificial respiration, and so of supplementing the heart.

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JENNINGS, J. C. S.—*Galvanism, &c., versus the "Ready Method."* Brit. Med. Journ., March 9th, p. 265.

(2.)—*The Treatment of Apnoea.* Brit. Med. Assoc., Canterbury, 1861, and Brit. Med. Journ., Sept. 14th, p. 278.

In the first paper the author recommends mouth-to-mouth inflation of the lungs, and galvanism, applying one wire to the side of the neck, the other to the region of the heart. In the second much stress is laid on the fatal effects of the hot bath when applied to the treatment of apnoea in drowned persons. Experiments conducted on animals showed that where the hot bath had been used the lungs were much darker and more congested than when other remedial means had been employed. In the apnoea of stillborn children the "ready method" failed in four cases; in each case, however, direct inflation of the lungs from mouth to mouth, alternating with compression of the thorax, was ultimately successful. Immersion of the lower part of the body in a warm bath is recommended as a useful adjunct.

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GARRAWAY, EDWARD.—*Case of Resuscitation.* Brit. Med. Journ., Sept. 28th, p. 330.

The "ready method" of Dr. Marshall Hall, alternated with the hot bath and the sprinkling of cold water on face and chest, proved effectual in resuscitating an infant apparently born dead.

**BRODIE, Sir BENJAMIN, Bart.—***On the "Marshall Hall Method."* Med. Times and Gaz., May 18th, p. 529.

In a letter addressed to the secretary of the Humane Society, Sir Benjamin Brodie remarks—(1) That the interval during which artificial respiration can be employed is very limited. (2) That if the Royal Humane Society's apparatus be at hand, and a medical man present knows how to use it, this affords by far the safest and surest method of imitating natural respiration. (3) That there is great danger that the rolling and tumbling about the body, as proposed by Dr. Marshall Hall, would interfere with the natural process of recovery; at the same time that it is very doubtful whether by this method a sufficient quantity of air could be drawn into the lungs to answer any useful purpose. (4) That, at any rate, of the two methods, that of Dr. Silvester would be more effectual, and much less calculated to do injury.

**HARRISON, Dr. JAMES B.—***On the employment of the "Ready Method" of maintaining Artificial Respiration antecedent to the suggestions of Dr. Marshall Hall.* Brit. Med. Journ., Nov. 2nd, p. 478.

A case of opium poisoning, admitted into the Manchester Royal Infirmary in 1839, was treated by the following novel method, and with success:—Two operators, one standing on each side of the patient's bed, placed their hands on the thorax, curving the fingers round the cartilages of the ribs. The respiratory movements were then imitated by the alternate raising and depressing of the ribs. It was necessary to continue the process for two hours.

**WATERS, Dr. (Liverpool).—***Researches on Asphyxia; with observations on the effects produced by the Hot Bath in Asphyxiated Animals, and its use in restoring suspended animation.* Trans. Roy. Med. and Chir. Soc., vol. xliv, p. 135.

After the numerous researches which have been made with reference to asphyxia, the author says that two important points still remain to be decided—first, the period after asphyxia has commenced during which treatment is likely to be successful in restoring animation; and, secondly, the value of the hot bath as a remedial agent.

Experiments had been instituted by the author with reference to the following questions:—(1) How long does the heart continue to beat in asphyxia? (2) What are the effects of the hot bath on an asphyxiated animal—firstly, after all respiratory movements have ceased, and are not re-excited; secondly, when respiration has been re-excited, and is being feebly carried on?

The following conclusions are drawn by the author from his experiments:—(1) That in asphyxia by submersion the ventricles of the heart do not, as a rule, cease to contract “in a few minutes after the cessation of the functions of animal life,” but that in many instances their action continues for a very considerable period, and that this serves to explain how recovery has taken place after lengthened submersion. (2) That in cases of asphyxia where respiration has altogether stopped, the effects of the hot bath are—to produce an accumulation of blood in the lungs and in the left side of the heart, together with a ten-

dency to coagulate on the part of the blood; that it does not tend to prolong the action of the heart, but rather to paralyse its movements, and diminish the duration of its contractions; that it does not excite respiratory efforts, and prevents artificial respiration being properly carried out. (3) That in cases of asphyxia where respiration has been re-excited, and is being feebly carried on, the hot bath, although in some instances it seems to have no immediate bad result, yet has a tendency to produce a fatal issue some hours after its use, by causing extreme congestion of the lungs, together with consolidation and collapse of the pulmonary tissue.

The following practical inferences are drawn from the above conclusions:—(a) That efforts to restore animation should be made in all cases where asphyxia has not been of very prolonged duration. (b) That the prolonged use of the hot bath in asphyxia is not only inefficient but dangerous; and that its temporary use appears to be attended by no direct benefit. So far as any means similar to that of the hot bath are likely to produce respiratory movements, the alternate dashing of hot and cold water on the body is probably the most efficacious. (c) That it appears safer practice to omit all artificial treatment, when respiration is going on feebly, than to make use of the hot bath. (d) That in the treatment of asphyxia all efforts should be primarily directed to restoring or continuing the respiratory movements, and all measures tending to load the lungs or embarrass the respiration should be avoided. The author believes that the best method of performing artificial respiration we are yet acquainted with is that recommended by Dr. Marshall Hall.

HEPWORTH, JOHN.—*Treatment of Asphyxia.* Brit. Med. Journ., July 20th, p. 78.

In this paper a case is given where tracheotomy was successfully performed for the relief of asphyxia dependent on a foreign body sticking in the glottis. Artificial respiration is considered by the author the *sine qua non* in the treatment of asphyxia. Galvanism is also, he thinks, of advantage.

TOOGOOD, JONATHAN.—*Artificial Respiration.* Brit. Med Journ., Feb. 9th, p. 156.

The medical attendant is directed to inflate the lungs of a stillborn child or of a drowned person from his own chest, mouth to mouth.

CHRISTIAN, DR.—*On the restoration of Suspended Animation in Persons apparently Drowned.* Lancet, Feb. 2nd, p. 110.

After giving Marshall Hall's method a trial in about fifteen cases, the author states that he became so satisfied of its inefficiency to restore animation, and of the difficulty of properly carrying out the manipulations, that he felt himself justified in representing those facts to the committee of the Royal Humane Society, and in adopting the plan recommended by Dr. Silvester, which he believes in every way to be superior, more manageable, less likely to injure the patient, will fill the chest with and expel air from it more fully, and will not force the contents of the stomach upwards and in the way of respiration. After many experiments the

author had come to the conclusion that inflation of the lungs by Dr. Silvester's method or by the Society's apparatus is the first remedy, and the shock of the warm bath the second; that after eight minutes' complete submersion recovery is hopeless, and that when ten minutes elapse after being taken from the water without any effort at respiration it is equally so. On the subject of the warm bath, which has excited so much discussion as a remedy, he remarked that it must be understood that it is used as an immediate and powerful excitant; and it had so frequently happened (twice while he was actually present) that a person brought in as asphyxiated, who to the bystanders was apparently quite dead, immediately on being placed in the bath gave the sob or gasp which is the precursor of respiration, that it might be boldly stated to be a most valuable adjunct to treatment, and, properly managed, in no way pernicious.

- HUNTER, CHARLES.—(1) *On the "Marshall Hall" and other Methods in cases of Drowning.* Lancet, Feb. 9th, p. 144.  
(2) *The Hot Bath; its physiology, use, and abuse; especially in connection with the treatment of Drowning.* Lancet, vol. i, pp. 383, 430; vol. ii, pp. 132, 417.

The author strongly recommends the "Marshall Hall method," for he thinks ample proof can be furnished, from experimental inquiry and from well-authenticated cases, that—1st. The mere pronation is itself a most important point, having often made the difference between life and death. 2nd. That pronation and semi-rotation effect fully sufficient respiration for the purposes of life. Moreover, he says, pressure upon the chest of the dead subject in the supine position has caused expiration of air, and on removing this pressure no air has returned to the lungs; but pronation with pressure on the spine, followed by semi-rotation, has been accompanied by both free expiration and inspiration.

In the second communication, after relating several experiments, and comparing them with the results of other observers, the author gives the following conclusions:—(1) That hot air applied, with or without inhalation, to the skin is not a respiratory stimulant; and (2) that very hot air oppresses the respiration. (3) That hot air, with or without inhalation, accelerates cardiac action, and the more according to the heat of the air. (4) That the ordinary ratio between heart and lung action is destroyed, and that to the diminution of the rate and power of lung action, which ought the most to be renewed. (5) That languor and muscular debility are also results. (6) That nerve power generally is diminished. (7) That though the skin may be heated, there is no physiological increase of the animal heat.

And with regard to the water bath, the conclusions are even more unfavorable, for—

(a) It is a cardiac stimulant, and (b) a direct depressor of respiratory action to a much greater extent than hot air is, and therefore more injuriously so; for, besides preventing cool air playing on the surface of the body, it impedes cuticular transpiration and perspiration, which *might* cool the body in some measure. And, what is still more injurious, (c) it causes the respiration to be even more difficult than

usual, from the mechanical pressure that the water exerts upon every inch of the chest, and also of the abdomen.

The hot-air bath fails to assist the respiration, whilst the water bath, with all the bad qualities of the hot-air, directly impedes it. There is, then, a treble tendency to death by apnoea if the drowned person is placed in the hot bath. There is—

(1) The partial or complete apnoea already occasioned by submersion; (2) the increased congestion of the lungs by the heat (from the heart stimulation); and (3) the mechanical barrier to lung action from the pressure of the water.

OSBORNE, Dr. JONATHAN.—*Why is not the Expired Air Re-inspired?* Dublin Quart. Journ., Med. Sc., Nov., 1860. Brit. Med. Journ., Jan. 26th, p. 100.

The expired air is divided by the septum of the nose into two currents projecting downwards at an angle of 45°, and separating from each other at an angle of 80°. The inspired air is taken from the fresh air lying between the two jets.

TRAUBE.—*On the Penetration of particles of Charcoal into the interior of the Respiratory Apparatus.* Deutsche Klinik, 1860, Nos. 49, 50. Canst., vol. i, p. 135.

This physician examined microscopically the dark-coloured sputa of a man aged fifty-four who had for twelve years been engaged in carrying charcoal, and found that they contained particles of that substance, many of them enclosed in cells. These foreign bodies produced no serious derangement in the lungs. Subsequent examination, post mortem, revealed the presence in the bronchi and vesicles of numerous molecules which had penetrated into the epithelium-cells.

CZERMAK.—*The Laryngoscope, and its practical application in Physiology and Medicine.* 8vo, Leipzig, 1860.

As this monograph is now in the hands of every member of the New Sydenham Society, it is unnecessary to give an analysis of its contents.

#### DIGESTIVE SYSTEM.

BRINTON, Dr. W.—*On Food and Digestion; being an introduction to Dietetics.* Post 8vo, London, 1861.

TURNER, WM.—*On the Chemical Properties of the Human Pancreatic Juice.* Journ. de la Physiol., April, 1861, p. 221.

HIS, W.—*Researches on the Structure of the Lymphatic Glands.* Plates. 8vo, Leipzig, 1861.

ROLLESTON, Dr.—*On the Homologies of the Lobes of the Liver in Mammalia.* Transactions Brit. Assoc., 1861.

BÖTTCHER, A.—*Some Facts tending to harmonise the conflicting views regarding the Follicular Glands at the root of the Tongue.* Virchow's Archiv, vol. xviii, p. 190. Canst., vol. i, p. 82.

Regarding these glands, which he holds to be new formations, this

writer states—(1) that in some tongues they do not exist at all; (2) that wherever they are well developed the mucous membrane is otherwise demonstrably diseased; and (3) that in one and the same organ they may be found in all stages of transition, from the smaller and vaguely limited mass to the larger and accurately circumscribed sac.

**ORDENSTEIN, L.**—*On the Parotid Saliva of Man.* 4to, Giessen, 1859.

**EBSTEIN, W.**—*On the Microscopic Changes in boiled and unboiled Starch subjected to the action of the Saliva.* 8vo, Berlin, 1859. Canst., vol. i, pp. 116, 117.

Ordenstein, who worked under Eckhard's guidance, obtained the saliva by means of a canula introduced from the mouth into Stenson's duct. (1) Its specific gravity varies from 1·0031 to 1·0043. (2) Ordinarily alkaline, it becomes acid or neutral when the person is fasting, and its secretion is not very abundant. (3) The per-cent-age of solid residue varies from 5·02 to 6·02. (4) It contains an albuminous substance. (5) Its power of converting starch into sugar is destroyed by a heat of 130°, or by the addition of mineral acid or spirit. (6) Its flow, usually small, and apparently suspended during sleep, is most increased by the mastication of dry substances. (7) Its average hourly quantity was, in (a) an ill-developed lad, living almost wholly on vegetable diet, 11·8 grammes; (b) a healthy working man, aged forty-nine, 1·1; (c) a student, 4·5; and (d) a robust young person, 1.

Ebstein states that the saliva acts most readily on the contents of the starch-granules, whilst it affects the cell-membranes but little. He also asserts that it is not deprived of its conversive action on starch by the mineral acids, unless in excess, or by spirit, though heat has that effect.

**MARCET, Dr. (Westminster Hospital).**—*Researches on the Constituents of the Gastric Juice.* Journ. Chem. Soc., Oct., p. 256.

Marcet derived the following results from his researches:—(1) Gastric juice possesses the property of rotating, more or less, the plane of polarization of light to the left. (2) This optical property of gastric juice is due to its containing peptone. 0·024 grammes of this substance, dissolved in 25 c.c. of water, rotates the plane of polarization 1° in Soleil's saccharimeter. (3) Gastric juice, obtained by exciting its secretion by means of non-digestible bodies, such as pebbles, exerts no action whatever on polarized light, thereby confirming the second conclusion. (4) There is reason to believe that peptone is the only constituent of the gastric juice possessed of the property of acting upon polarized light.

**MEISSNER, G.**—*Researches on the Digestion of Albuminous Substances.* 2nd and 3rd articles. Zeitschr. f. rat. Med., 1860, vol. viii, p. 280; vol. ix, p. 1. Canst., vol. i, p. 118.

These papers on the digestion of albumen, syntonin, and casein, are the continuation of a previous article reported in 'Year Book,' vol. ii, p. 85. We here give the most interesting results.

I. *Albumen.*—If uncoagulated white of egg be added to dilute hydrochloric acid (2 per cent.), abundant translucent shreds are produced,

which, on shaking, gradually impart a milkiness to the whole. The clear, filtered fluid contains much albumen, though it does not become turbid by heat. On the addition of potash or soda, however, it forms a little precipitate, preventible by pepsin, and ceasing to be produced as the neutral point is reached, when heat coagulates all the remaining albuminous substances save one, which is precipitable by alcohol or tannin. It was found that, when insoluble, albumen is more readily converted into peptone and parapeptone than when soluble, whence, probably, the use of coagulated albumen as food. The author finds that the digestion of albumen also produces a *meta-peptone*.

II. *Syntonin*, digested by artificial gastric juice (containing 2 per cent. hydrochloric acid) gives opalescence to the fluid, which, on the admixture of potash or soda, precipitates the flocculent parapeptone. The filtered fluid contains syntonin, peptone, and metapeptone. The meta-peptone is precipitated by acidulation with muriatic or acetic acid. The solution of peptone now remaining does not yield a precipitate to muriatic acid. Metapeptone is not affected by artificial gastric juice or long boiling with dilute muriatic acid. The *parapeptone*, insoluble in water, dissolves easily in acids and alkalies. Syntonin was found to yield 45 per cent. of peptone and metapeptone and 18 per cent. parapeptone.

III. *Casein* digested in artificial gastric juice containing 1 per cent. muriatic acid forms a jelly which afterwards liquefies and finally precipitates dyspeptone, retaining, however, peptone, parapeptone, and meta-peptone, which are obtainable as described under syntonin. The dyspeptone is insoluble in water and alcohol, just soluble in dilute acids, and readily in dilute alkalies. Ether extracts from it a crystallizable fat. Casein contains 78 per cent. peptone and metapeptone, 2 per cent. parapeptone, and 20 per cent. dyspeptone. The latter contains 1 to 2 per cent. fat.

By continued boiling, casein and syntonin are resolved into the same constituents as they are by artificial digestion.

SCHIFF, M.—*New Inquiries on the Influence of the Vagus on the Functions of the Stomach*. 8vo, Bern, 1860. Canst., vol. i, p. 188.

In order completely to cut off the influence of the vagus from the stomach, the author makes an incision round the oesophagus down to the muscular coat. Dogs and rabbits may survive this operation for an indefinite period. Dysphagia exists for the first few days, yet digestion is not entirely interrupted, and when deglutition is perfectly restored it again becomes quite normal. But where the vagi are divided in the neck, the contents of the stomach are often found to be neutral or faintly alkaline, even when ligature of the oesophagus prevents any admixture of saliva. It is not the kind of aliment, but probably the general condition of the animal, that determines this result. In animals which did not suffer much from dyspnoea the contents of the stomach were usually slightly acid. The stomach is capable of secreting an alkaline fluid, for such is occasionally present after ligature of the gullet and pylorus. So-called alkaline indigestion (in man), therefore, is not always the result of the admixture of saliva.

Paralysis of the gastric branches of the vagus does not in the least interfere with the various processes of digestion, which may, in fact, under favouring collateral circumstances, proceed more actively than in a normal organ. The first depression is entirely the result of the animal's general state. Experiment proves that absorption from the stomach goes on with vigor whether the vagi have been severed in the neck or the abdomen. In the former region the operation has the effect of abolishing the sensibility of the stomach and duodenum. Centripetal reflex excitations may take place by the branches of the sympathetic. The sensations of hunger and repletion depend neither on the vagus nor the sympathetic. Wherever the former is divided, the gastric movements are not enfeebled in consequence.

**DAVIDSON and DIETERICH.**—*Aids to the theory of Gastric Digestion.*  
Reichert and Dubois' Archiv, 1860, p. 688. Canst., vol. i, p. 117.

Under the superintendence of Heidenhain, the authors ascertained that not only muriatic and lactic, but the nitric, phosphoric, tartaric, and acetic acids effect artificial digestion. They consider that the gastric acids act by disintegrating the albuminous substances, so as to expose them to intimate contact with the ferment of the mucous membrane, by which they are transformed into peptones.

**BRINTON, Dr. W. (St. Thomas's).**—*Experiments and Observations on the Structure and Function of the Stomach in the Vertebrate Class.*  
Proc. Roy. Soc., No. 45, p. 357.

The author states—(1) That the peculiar dimorphous structure possessed by the tubes of the cardiac and middle parts of the stomach in the dog exists in the whole vertebrate class. (2) Many of the variations of the stomach throughout the vertebrate class are essentially oesophageal developments, having a mechanical office. (3) The secretion of pepsine is by the dimorphous cell-growth, and of acid by the columnar. (4) The protection of the stomach from its own secretion is effected mainly by the salivary and other secretions which enter it from the oesophagus and duodenum. (5) For units of mucous membrane, fishes seem to have the most powerful gastric digestion. (6) “The action of the gastric juice is a transfer to albumen, &c., of a molecular change going on in the gastric juice, pepsine and peptone being essentially analogous to each other in properties.” (7) The formation of peptone is a hydration of albumen. (8) The pancreatic juice converts albumen into a substance akin to peptone, the change being, however, an incident of putrefaction only, and therefore not a function of the healthy living organ. (9) The intestinal juice neither converts albumen into peptone nor starch into sugar.

**MARTIN, F.**—*The Peristaltic Movements of the Intestinal Canal.* 4to,  
Giessen, 1859. Canst., vol. i, p. 116.

Under Eckhard's superintendence, the author found—(1) In animals poisoned with woorara, for the purpose of excluding nervous influence, the intestinal movements did not differ from those of animals not so destroyed. (2) In poisoning by strychnine the tetanic convulsions were always associated with lively vermicular movements, whence the

experimenter concludes that the spinal cord materially affects peristaltic action. (3) Ligature of the vessels and nerves of the root of the mesentery causes extraordinary constriction of the tract they supply. (4) Irritation of the nerves proceeding from the sympathetic ganglion to the intestine gave rise, in a tortoise, to increased movement there, and to contractions of the stomach. (5) Excitement of one or both vagi in rabbits and dogs made the movements of all parts of the intestine more active, and sometimes in the sheep and tortoise originated progressive contractions in the stomach and duodenum.

**BASSLINGER.**—*Rhythmic Contractions about the Cardia of the Rabbit.*  
Sitzgsber. d. Wien. Akad., vol. xxvii, p. 568. Moleschott's  
Untersuch., vol. vii, p. 359. Canst., vol. i, p. 115.

If during active digestion the stomach and the extremity of the oesophagus are removed from a rabbit, the vault of the cardia soon becomes deeply retracted, and then resumes its former situation. These actions continue to alternate for some time. Every movement of deglutition is followed by this cardiac contraction, and if such act is artificially provoked, rapid pulsatory movements of the funnel-shaped end of the gullet are afterwards observed, the cardia remaining quiescent. These movements were never witnessed in the dog, and in the cat only once in a slight degree.

**BRAUNE, W.**—*A Case of Preternatural Anus, with contributions to the Physiology of Digestion.* Virchow's Archiv, 1860, vol. xix, p. 470.  
Canst., vol. i, p. 119.

On a woman aged forty-nine, who had an artificial anus at the lower end of the ileum the following observations were made:—(1) The mucous membrane of the lower part of the small intestine did not distinguish heat from cold, and was notably less sensible to pain than the skin. (2) The matters collected, which were usually liquid, and of a yellowish-brown, were acid, although the mucous membrane in the vicinity was alkaline, except early in the morning, when it was neutral. (3) They contained biliary acids, but no cholepyrrhin. (4) Their watery extract did not attack coagulated albumen, but converted starch into sugar. (5) The extract contained no sugar, and although the patient took a good deal of milk, acetic acid caused no precipitate. It contained butyric acid, leucin, and tyrosin. (6) Meat took three to six hours to reach the outlet, grape-skins three to four hours, and parsley two and a half to three and a half hours.

**PLANEE, Prof.**—*The Gases of the Alimentary Canal, and their relations to the Blood.* Sitzungsber. d. Acad. d. W., vol. xlvi, p. 308. Canst., vol. i, p. 255.

With a view to determine the composition of the gases contained in the different portions of the intestinal canal, and to ascertain how far they depend on the diet, the professor employed dogs which had been fed for some days exclusively on animal or on vegetable food, and were killed some hours after their last meal. The different portions of the intestine were ligatured and smeared with grease, and the gas was collected under mercury. The results of his researches are these:—(1) The

gastric gas consists of nitrogen derived from atmospheric air, the oxygen of which in great measure disappears, and is replaced by two volumes of carbonic acid. (2) In the small intestine fermentation sets in, attended with the evolution of equal volumes of hydrogen and carbonic acid, which are less abundant with animal than with vegetable food. In digestive derangements, the carbonic acid and hydrogen may be as 2 : 1. Free acid retards the hydrogen fermentation. (3) In the large intestine carbonic acid only is developed, except with an animal diet, when sulphuretted hydrogen (never exceeding 1 per cent.) and a fetid matter are also evolved. (4) With an animal diet the gas in the small intestine is much smaller in amount than with a vegetable diet, but in the large intestine this distinction does not exist. (5) As hydrogen is never normally present in the stomach, and the carbonic acid gas is in proportion to the atmospheric air admitted, an excess of gas must be the result of abnormal decomposition. (6) It was observed that, after neutralizing with magnesia a portion of the chyme of a dog which had been kept on a pulse diet, an abundance of carbonic acid and hydrogen was evolved in the proportion of 2 : 1, whilst the strongly acid chyme remained thirty-six hours before it began to develop a little carbonic acid. Similarly, when magnesia had been given with the food, hydrogen was found in the stomach. (7) Although gas is not secreted by the blood into the empty intestine, yet diffusion takes place between the gases of the blood and those of the intestine or its contents. Into an empty portion of intestine air was admitted, and in an hour and a half the gas was found to consist of 6·41 CO<sub>2</sub>, 5·48 O, 43·37 N. (8) Fifteen minutes after sulphuretted hydrogen had been introduced into the large intestine, it was found in the blood. (9) After artificial faecal retention of a week's duration, it was found that the hydrogen and sulphuretted hydrogen had disappeared and carbonic acid diminished, an observation confirming the statement that considerable collections of gas may disappear without escaping by the extremities of the alimentary canal. (10) Carburetted hydrogen was always absent.

The gases found in the human intestine (post mortem) were ascertained to be similar in nature and proportion to those of the dog.

#### *Fæces.*

*Smith, Dr. Ed., and Milner.* Report on the Influence of Prison Discipline and Dietary over the Bodily Functions of Prisoners. *Trans. Brit. Assoc.*, 1861.

The authors obtained the following results from experiments upon prisoners condemned to treadwheel labour three days per week, and fed upon a full dietary, with brown bread, at Coldbath Fields:

1. The average daily weight of the fæces was double of that found in ordinary life, and varied on the average of the different prisoners, from 7·1 to 10·1 oz., and gave so large a total average as 8·55 oz. The extremes of single observations were 1·75 and 26·59 oz. The proportion to the solid food was 22½ per cent.

2. The weight was increased on Sunday by 44·3, 70 and 74 per cent. of that on all days.

3. The weight was lessened on the treadwheel-days from that observed

on Sundays, by 41, 53·3 and 42·6 per cent. in three cases, and from the average of all days by 14·8 and 21·1 in two cases, whilst in the third case the weight was equal on all days.

4. The least evacuation occurred on the Saturday (which was also a treadwheel-day), and the diminution from the weight of all days was 26·1, 57·6 and 34·6 per cent., and from that on Sundays no less than 48, 75, and 62 per cent.

5. The proportion of water contained in the faeces was very uniform from day to day, viz., 73·5 per cent., and varied only from 71·8 to 77·6 per cent. on different days. It was above the average on Sundays and a little below the average on treadwheel-days.

6. The quantity of nitrogen in each ounce of fresh faeces varied from 4·36 to 4·9 grains, and was, on the average, 4·646 grains. The total daily quantity thus evacuated was, on the average, no less than 41·8 grains. There was a considerable increase on the Sunday, and a marked decrease on the Saturday, and it was below the average on treadwheel-days, and in both of these respects it corresponded with the gross weight of the faeces. The actual amounts under the three conditions were 59·9, 35·8 and 40·53 grains, giving an increase of 43·3 per cent. and a decrease of 14·3 and 3 per cent. There was a very interesting fact noticed in reference to the relation of nitrogen in the urine and faeces on the Sunday, and which showed, probably, that the assimilation of food was lessened on a day of perfect rest following one of hard labour, viz., that the increase which was observed in the nitrogen in the faeces on the Sunday corresponded accurately with the decrease observed in the urine on that day, viz., a decrease of 13 and 18 grains of urea in the urine, and an increase of nitrogen, reckoned as urea, in the faeces, of 71·33 grains.

7. The case which had the extra allowance of 6 $\frac{1}{2}$  oz. of bread daily evacuated the largest amount of faeces, both on the total average and on Sundays, a fact of great significance in reference to the kind of food which should be selected for extra diets.

In similar inquiries made at Wakefield Gaol by E. Smith and W. R. Milner the general character of the faeces was homogeneous and moderately cohesive, but on a few occasions there was a variety in the consistence. In the 52 observations, 32 exhibited faeces formed, but soon subsiding, 7 well-formed, 1 scybalous, 2 soft, and 9 of mixed character, and no one person offered any marked difference in these characters. The bran of the brown bread was easily seen in the faeces. The average daily evacuation was 6·98 oz. in the tailors, and 8·52 oz. in the weavers, giving a total daily average of 7·75 oz. There were somewhat considerable daily variations, so that the maximum and minimum quantities were in the tailors, regarding separately, 11·41 oz. and 4·32 oz., and in the weavers, 14·42 oz. and 1·72 oz., but in no instance was there the omission of a daily evacuation. The quantity of nitrogen per cent. found by Mr. Manning by the volumetric method varied from .71 grs. to 1·16 grs. in the tailors, and from .97 grs. to 1·35 grs. in the weavers; but the total average in the two classes was .93 in the tailors, and 1·12 in the weavers, giving 1·025 grs. in the whole. The total daily elimination of nitrogen by the faeces was found to be 27·43 grs. in the tailors, and 40·93 grs.

in the weavers. The variation in the amount of faeces on Sunday from that of other days was not uniform, since it was less in the weavers and was equal in the tailors.

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**BUDGE.**—*On the Course of the Bile-ducts.* Archiv f. Anat. u. Phys., 1859, p. 462.

**REICHERT,** C. B.—*Note on Budge's Paper.* Ib., p. 656.

**THEILE.**—*On Budge's Paper.* Schmidt's Jahrb., 1860, p. 11. Canst., vol. i, pp. 73, 104.

Budge alleges that the bile-ducts, far from becoming dilated within the lobules, as Beale teaches, are considerably constricted there, forming a network traceable almost to the vena centralis and enclosing the liver-cells. In this view, therefore, the lobules contain a double set of capillary vessels, sanguiferous and biliferous, the interspaces being occupied by the hepatic cells, which the author believes to be devoid of an enveloping membrane.

Reichert considers the vessels described by Budge to be lymphatic, not biliary. He believes that the hepatic duct arises in a cavernous structure comparable to that of the penis, the septa of both systems being analogous, and the vasa vasorum of the penis corresponding to the capillary network betwixt the vena portæ and hepatic vein, whilst the hepatic cells represent the blood in the other case.

Theile takes Budge's "ducts" for intercellular spaces.

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**WAGNER,** C.—*Contribution to the Normal Structure of the Liver.*

Wagner's Archiv d. Heilk., 1860, p. 251. Canst., vol. i, p. 74.

With Beale the author maintains that the liver-cells found amid the venous, arterial, lymphatic, and biliary capillaries, which with them form the acini, are enclosed in a special membranous sac, best seen in exceedingly thin sections of fresh, uninjected livers. The envelope is elastic and homogeneous, containing nucleolated nuclei in its substance. The granules, yellow corpuscles, fat, and cell-fragments found within it by Beale form no part of its normal contents. If, as the author inclines to believe, the cells disappear and are replaced by successive generations, the new ones probably originate by division, not of the old cells, but of the parietal nuclei.

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**PAVY,** Dr. F. W.—*Contributions to the Physiology of the Liver.*—

(1) *The influence of an Acid in producing Saccharine Urine.* Proc. Roy. Soc., No. 45, p. 335.

(2) *Influence of Alkalies.* Proc. Roy. Soc., No. 43, p. 90.

The author relates a number of experiments made with the view of ascertaining the power of phosphoric acid in producing artificial diabetes. He finds that, by injecting eight, twelve, or sixteen drachms of pharmacopœial phosphoric acid into the general circulation of dogs, a saccharine state of the urine can be readily induced. The same result also follows the introduction of the acid into the duodenum. When, however, the acid is injected into the portal circulation, it coagulates the blood, and fails to produce artificial diabetes.

The conclusions advanced in the second communication are—

(1) Carbonate of soda introduced into the circulation prevents the production of saccharine urine after lesions of the sympathetic. (2) It does not prevent the urine becoming saccharine after the destruction of life when the circulation is kept up artificially; but when injected into the portal system, so that all may pass by the liver, it keeps the urine free from sugar. (3) Carbouate of soda injected into the portal system during life causes glucogen to disappear from the liver without producing sugar. (4) The action of the carbonate of soda is probably of the nature of catalysis. (5) Carbonate of soda injected into the liver after death holds the saccharine metamorphosis in check.

V. FRIEDLÄNDER and BARISCH.—*Illustrations of the Secretion of the Bile.* Archiv f. Anat. u. Phys., 1860, p. 646. Canst., vol. i, p. 138.

These observations, which were controlled by Heidenhain, were made on guinea-pigs by the assistance of a canula introduced into the gall-bladder, the excretory duct of which was ligatured. (1) The bile is of an amber colour, becoming greenish after long abstinence, and turning green by exposure to the air. (2) It is always alkaline, and does not betray the presence of the usual acids. (3) The pressure in the gall-bladder is expressed by about 200 mm. on the water-manometer. (4) Water injected into the gall-bladder is absorbed with some activity, if the fall in a column of the fluid connected with that reservoir be a safe test.

NEUKOMM, J.—*On the Demonstration of the Biliary Acids, and their transformation in the Circulation.* Archiv f. Anat. u. Phys., 1860, p. 364. Canst., vol. i, p. 146.

In order to test the truth of Kühne's statement ('Year Book,' vol. i, p. 260), that the biliary acids pass into the urine, the author examined two specimens of that secreted by icteric patients, and found that they contained mere traces of those acids. The same result was obtained with the urine of dogs, after the injection of fifteen to thirty grains of glyco-cholate of soda into the circulation. The opposite assertion of Kühne is probably due to the circumstance that he did not extract the residue of the urine with spirit, and therefore obtained, in addition to the reaction of the acids, that of colouring and extractive matters which give a red or violet colour on the addition of sulphuric acid.

The biliary acids introduced into the blood are probably converted, under favorable conditions, into bile-pigment, which passes into the urine. Possibly a trace of the acids reaches the saliva, for, after their injection, dogs have a greater flow of saliva, and seem to experience a disagreeable taste.

THUDICUM, Dr.—*On the Putrefaction of Bile and the Formation of Gall-stones.* Chem. Journ., July, p. 114. Lancet, March 9th, p. 243.

The author had observed casts of biliary ducts occupying the very centres of gall-stones, from which he inferred that the morbid process by which these gall-stones had been formed was not confined to the gall-bladder. These casts were constituted of the brown modification of cholochrome termed cholophæine. According to the author, the essential constituents of gall-stones are cholochrome, cholic and choloidic acids, and earthy salts, being the products which are precipitated during the putrefaction of bile out of the body; whence he inferred that gall-

stones were formed by a process allied to putrefaction, whereby an acid state of the bile was produced. Human gall-stones usually contain, in addition, a large quantity of cholesterine crystallised around the true biliary calculi. The author described, from his own observation, the process of the putrefaction of bile, and agreed generally with Gorup Besanez, but differed from him in considering that the choloидic acid resulted from a metamorphosis of the cholic, and not the cholic from a metamorphosis of the choloидic acid.

**CORVISART, L.—On the Influence of Gastric Digestion on the Functional Activity of the Pancreas.** Comp. rend., March 4th, 1861, p. 385.

This experimental physiologist teaches that the amount of the pancreatic ferment secreted keeps pace with the activity of gastric digestion, to which it is subordinate, and to which it is related as effect to cause. But which element of the complex process of digestion is its veritable and necessary cause? The author refers it to the formation of the gastric peptones. The quantity and activity of the secretion of the pancreatic ferment depend, up to a certain point, on the quantity of absorbed peptones. At least, there seems to be a constant relation between the rate of its formation and that of the formation and absorption of the peptones. It is, however, a remarkable fact that the intestinal peptones are impotent in provoking the formation of the pancreatic ferment; and it is also noteworthy that even the *gastric* peptones, if absorbed solely by the intestines, are equally powerless in exciting the secretion. The author concludes by saying that these facts give origin to a new theory of secretion, entirely different from those founded on the power of nervous excitation or on vascular dilatation.

**SKREBITZKI.—On the Operation of the Pancreatic Juice on Fats and Albuminates.** 8vo, Dorpat, 1859. Schmidt's Jahrb., vol. 105, No. 2, p. 153.

**CORVISART, L.—The powerful Action of the Pancreas in the Digestion of Azotised Aliments, shown by experiments with natural pancreatic juice.** Moleschott's Unters., vol. vi, p. 77. Canst., vol. i, pp. 120, 121.

In his principal experiments, conducted with the assistance of Bidder and Schmidt, Skrebitzki employed juice obtained from dogs by means of canulae temporarily introduced into Wirsung's canal. (1) Albuminous substances were subjected to its influence at 104°. The following table includes some comparative observations on the effects of solution of potash:

Fluid.	Duration of experiment.	Substance employed.	Loss per cent.	
			In the fresh substance.	In the dry substance.
Liq. Pot. ('005)	48 hours	Coagulated albumen	35·0	72·5
Pancreatic fluid	48 "	" "	35·1	74·5
" "	48 "	Ditto of blood.	37·0	79·9
" "	16 "	Fibrin of blood.	7·87 [sic] 86·0	
Liq. Pot. ('005)	48 "	Casein	18·0	84·4
Pancreatic fluid	24 "		9·0	40·5
" "	15 "		23·7	97·4
" "	10 "	Beef	5·9	23·2
Distilled water	6 "	"	5·3	20·9
Liq. Pot. ('001)	6 "	"	3·9	15·2
('005)	6 "	"	6·2	24·5
Pancreatic fluid and bile	5 "	Coagulated albumen	3·8	18·9

(2) After injections of oil into the alimentary canal of the rabbit, even the lacteals above the embouchure of Wirsung's canal are filled with chyle. (3) During vigorous digestion the pancreas is milk-white. (4) After digestion it is either flecked with red, or swollen and reddened throughout. (5) The juice is opalescent, viscid, and alkaline. (6) Its specific gravity was, in one case 1012, and in another 1023. (7) If the ratio between the body-weight and the pancreatic secretion of the dog be transferred to the case of a man weighing about nine stones, he would secrete from seven to eleven ounces daily. The excretion of the juice is most abundant after food, especially after liquids.

Corvisart still maintains that infusions of the pancreas, when prepared with the requisite precautions (see 'Year-Book,' vol. ii, p. 84) lead to results far more trustworthy, in regard to the digestive action of the juice, than those obtained by means of fistulae.

MAGGIORANI, Prof. (of Rome).—*Memoir on the Functions of the Spleen.*

Comptes rendus, Feb. 18th, 1861, p. 318.

The writer calls attention to the formation of fat during the fermentation of sugar, determined by the splenic pulp; and to the modification of the blood in rabbits from which the spleen had been removed six months before; the main difference being diminution of the colour and of the proportion of iron. From these results the author concludes that the spleen has the double function of presiding over a metamorphosis of organic material, and of accumulating iron for the preparation of haematin.

PHILIPPEAUX.—*Note on the Regeneration of the Spleen.* Comptes rendus, March 18th, 1861, p. 547.

Sixteen months after extirpation of the spleen in three albino rats, the author found the organ reproduced and of normal structure, though somewhat different in shape and size.

LUDWIG, C.—*On the Movement of the Lymph.* Oesterr. Zeitschr. f. prakt. Heilk., 1860, No. 5. Canst., vol. i, p. 122.

Having, by a ligature, caused oedema of the upper lip (in dogs), the author found, on removing the ligature (after introducing a canula into the principal absorbent trunk of the neck), that the flow of lymph increased with the subsidence of the swelling. He says that ligature of the ureters often causes lymphoid oedema around the kidney.

HYRTL.—*On a new Method of injecting Parenchymatous Lymphatic Vessels.* Oest. Ztsch., No. 18. Canst., vol. i, p. 103.

If a steel tube be thrust deeply into a lung, either by way of an artery, a vein, or a bronchus (say the latter), and a lancet-pointed sound be passed through it into the tissue beyond, this may be lacerated by moving the organ about. If the blood-vessels be now tied and the bronchus be injected, the mass finds its way into both the deep and superficial lymphatics. In the case of the liver, spleen, thyroid gland, and brain, this method has been equally successful.

HYRTL.—*The Origin of the Lacteals.* Oesterr. Zeitschr. f. prakt. Heilk., 1860, vol. i, No. 20. Canst., vol. i, pp. 71, 103.

Having succeeded in injecting the lacteals of the ostrich and other

large birds, Hyrtl found the intestinal villi to contain from three to six vessels, running nearly to the free extremity, anastomosing on their course, and finally terminating in one another. At the bases of the villi the vessels join large submucous trunks.

**LUSCHKA.**—*The Pituitary Body and Coccygeal Gland of Man.* With two copper-plates. 4to, Berlin, 1860. Canst., vol. i, pp. 86, 105.

This work contains an elaborate account of the coccygeal gland (discovered by the author) and the pituitary body,—structures, he remarks, situated at the opposite extremities of the (transcendental) vertebral column, and forming, with the suprarenal capsules, his class of sympathetic nerve-glands.

The *posterior lobe* of the pituitary body, like the infundibulum, consists in the main of connective tissue and degenerated epithelium, with exceedingly few nerve-tubules and ganglion-cells. Thus deficient in cerebral characteristics, this body is regarded by Luschka as analogous to the central ligament of the spinal cord. The *anterior lobe*, which owes its heterogeneous aspect to unequal distribution of the blood, is more or less distinct from the infundibulum and posterior lobe. It is surrounded by a proper capsule of areolar tissue, from which processes enter it and form alveoli, containing nucleolated glandular vesicles and other cells. This lobe receives its abundant supply of blood from the internal carotid by twigs which break up into a capillary network, supported by the alveoli. Its delicate nerves spring from the carotid plexus.

The *coccygeal gland*, situated just in front of the tip of the coccyx, in a space between the fibres of the levator ani, is oval in form, grayish-red in colour, and  $\frac{1}{2}$ " in length. It possesses a very resistent stroma of filamentous tissue enclosing gland-vesicles, and irregular tubular structures, some of which resemble those in the pituitary body of reptiles, and some passing into the filamentous tissue. Both the vesicular and tubular cells are nucleolated, and possess a structureless wall, enveloped by nucleated fibrils similar to the connective tissue embracing the cells of the sympathetic ganglia. The vessels of the gland come from the middle and lateral sacral arteries. Its nerves, which form plexuses within it, are derived from the coccygeal ganglion. One tubule was seen to pass into a nucleolated ganglion-cell. The gland may degenerate into cystic tumours. In function it is probably intimately allied with the sympathetic.

**KRAUSE.**—*Anatomical Investigations.* Hannover, 1861. Canst., vol. i, pp. 84, 89, 90.

The structure of the coccygeal gland, as delineated above by Luschka, is confirmed on almost every point by this histologist, though he thinks the envelope of the vesicles and tubules consist of smooth muscle, not of areolar tissue, and has failed to discover any ganglion-cells. With respect to the follicles of the tongue, the author, unlike Böttcher (see p. 78), finds them constant in the healthy organ.

**HENLE.**—*On the Anatomy of the closed (Lenticular) Glands or Follicles, and the Lymphatic Glands.* Zeitschr. f. rat. Med., vol. viii, p. 201. Canst., vol. i, p. 79.

This anatomist's general account of the follicular and lymphatic glands is in essential agreement with that of Hiss, given below. He especially insists—(1) that none of them possess a closed capsule, but merge insensibly into the neighbouring cellular tissue; (2) that the globular form, apparent on the surface, is not essential, for they often blend together below; and (3) that there is no ground for supposing that the follicles stand in less intimate relation to the absorbents than do the acini of the lymphatic glands, for which reason he classes both orders together, under the name of *conglobate glands*.

Hiss.—*Contributions to our knowledge of the Glands appertaining to the Lymphatic System.* Ztschr. f. Wissenschaft. Zool., vol. x, p. 333. Canst., vol. i, pp. 70, 78, 85, 140.

This observer regards as essentially allied, the lymphatic glands, the thymus, Peyer's and the solitary glands, the tonsils, follicular glands, and Malpighian corpuscles. (1) Septa of connective tissue divide these glands into their alveoli, acini, or follicles; from these septa capillaries enter the enclosed spaces, and there anastomose. (2) Amid these vessels, and united with their connective tissue and that of the septa, lies a network, formed in the main of ramified and anastomosing, uni-nucleated cells, and enclosing lymph-corpuscles. (3) A second system of reticulation found in these glandular organs is formed by the continuations of the lymphatic vessels. (4) A third trabecular system consists of straight and sparingly branched filaments, extended from vessel to vessel, or from these to the septa, nucleated at their vascular insertions, and often midway in their course. All these structures appertain to the connective tissue, merge into one another and blend with the septa. (5) Numerous researches have convinced the author that the vessels do not inoculate with any of these structures, though the capillaries are encased by nucleated and multicaudate cells similar to and continuous with the network first delineated. The various systems here reviewed are destined, the author thinks, for the transmission of the sap concerned in the glandular metamorphosis.

The author has carefully studied the *thymus* in calves, pups, and kittens. He finds that—(1) All the lobules are connected with a central spiral cord, or with its ramifications, the vessels entering with the cord by a hilus. (2) Each lobule consists of some fifty acini, which blend with one another towards the centre of the lobule, and have each a cavity containing fluid. (3) These cavities communicate with one another, and with (4) the oft-denied central canal, which, as a careful preparation will show, unites with the areolar tissue and blood-vessels, to connect the lobules with one another, and is beset from place to place with acinuli. This central canal, which resembles a lymphatic vessel, is  $\frac{1}{2}$ " in diameter, has walls of delicate areolar tissue, and is filled with lymph-corpuscles.

With respect to the *minute structure* and the *function* of the acini—(1) Their capsule, externally limited by connective tissue, consists of delicate blood-vessels supported by a dense network of ramified cells, similar to that of the lymphatic glands, the intervals of which are occupied by an albuminous fluid holding lymph-corpuscles in suspension. (2) Their contents consist of cells and "concentric bodies." (3) The

author concludes from his observations that lymph-corpuscles are continually produced (by division) within the capsules, thence proceeding to the central cavity, where they are taken up by the lymphatics, finally reaching the blood, and being transformed into blood-corpuscles. The *involution* of the thymus depends on atrophy of the glandular substance, caused by the deposition of fat on and between the acini.

**BÖDECKER, C.—*The Composition of Human Milk.*** Zeitschr. f. rat. Med., vol. x, p. 161. Canst., vol. i, p. 241.

A specimen of healthy milk obtained a fortnight after parturition was found to contain—water 882·2, milk-sugar 64·6, fat 31, protein matters 19, salts 3·2. The author recommends as the best substitute for human milk—8 oz. cow's milk, 2 oz. cream, 6 oz. water, and  $\frac{1}{2}$  oz. milk-sugar.

**REYNES.—*On Milk.*** 4to, Montpellier, 1860.

**SETSCHENOW.—*Pneumatological Notices.*** Zeitschr. f. rat. Med., vol. x, p. 285. Canst., vol. i, p. 240.

Persuaded that a knowledge of the gaseous contents of secretions which are retained within the organism without exposure to the atmospheric air will throw light on the physiology of parenchymatous respiration, the author commenced with an examination of (cow's) milk, which was drawn while the teat was immersed in olive oil, in order to prevent absorption of air. In two specimens he obtained the following per-centages:

	Free Carbonic Acid.	Oxygen.	Nitrogen.
1 . . . . .	6·72	0·16	1·41
2 . . . . .	5·01	0·32	1·34

**HARRIS, Dr. J. (Savannah).—*Case in which Milk was secreted by Tumours in the Axilla.*** Amer. Journ. Dental Sc., vol. x, p. 569. Med. Times and Gaz., April 13th, p. 397.

A negro woman, aged thirty-eight, who had always enjoyed good health, and had eight children, soon after commencing the suckling of her third child, noticed tumours about the size of pigeons' eggs in each axilla, which did not diminish after weaning. When she began suckling the fourth child they increased in size, and were accompanied by a sense of distension and hardness. After the birth of the fifth child the tumours were tapped, and about a pint of a milk-like fluid was drawn off. After the birth of the sixth and seventh children, they again enlarged, but were not tapped, and subsided somewhat after weaning. During the nursing of the eighth child the woman was seen by the author. The tumour in the right axilla was tapped, and about a pint of milk-like fluid was discharged, allowing a hard, lobulated structure to be felt at the base of the tumour. The tumour, after the discharge of the fluid, much resembled a flaccid mamma which had ceased to secrete milk. On puncturing the tumour on the left side, about an ounce of fluid was discharged, but as fluctuation was still perceptible, the tumour on this side was concluded to be multilocular. When the woman was last heard of, three months after the last puncture had been

made, no reaccumulation of fluid had taken place, although she was still nursing the child. A chemical and microscopical examination of the fluid completely proved its milky character—its true composition being intermediate between that of normal milk and colostrum, except that it contained an excess of salts.

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DAVIS, Prof. (Chicago).—*On the influence of Pregnancy on the quality of the Milk of the Human Female.* Clin. Med. Exam., Oct., 1860.

From several analyses Davis infers that the occurrence of pregnancy during the ordinary period of lactation either speedily reduces the quantity of milk secreted or lessens the proportion of solid or nutritive constituents to such a degree as to render it insufficient for the proper nourishment of a child over six months old. In a small proportion of cases, however, the milk secreted continues abundant and of good quality, but the health of the mother rapidly declines, while in a still smaller proportion of cases the mother and child both continue well nourished and healthy.

#### GENITO-URINARY SYSTEM.

BEALE, Prof. L. S.—*On Urine, Urinary Deposits, and Calculi.* London, pp. 443.

DICKINSON, Dr. W. H.—*On the Diseases of the Kidney accompanied by Albuminuria.* Trans. Royal Med. and Chir. Soc., p. 169.

EADE, Dr. PETER.—*On Syphilitic Albuminuria.* Lond. Med. Rev., Sept., p. 106.

HAUGHTON, Rev. S.—*On the Phenomena of Diabetes Mellitus.* Dublin Quart. Med. Journ., vol. xxxi, p. 317.

CAETER, W. C. (Clifton).—*On Diabetes.* Lancet, August 17th, p. 157.

HILL, Dr. W. R. (Bath).—*On the occurrence of Glucosuria in cases of Burn.* Archiv. of Med., No. vii.

EADE, Dr. PETER.—*Case of Diabetes Insipidus; with analysis of the Urine.* Archiv. of Med., vol. ii, p. 5.

FÄRBER, R. H.—*The effect of Draughts of Water on the quantity of the Urine and of the Chloride of Sodium contained in it.* Archiv f. physiol. Heilk., 1860, part 3, p. 244. Canst., vol. i, p. 140.

GIBB, Dr. GEORGE.—*Large amount of Chlorides, with deposits of Cystine, Urates, and Oxalates of Lime, in the Urine of a case of long-continued Sweating.* Archiv. of Med., vol. ii, p. 281.

SMITH, Dr. EDWARD.—*On the Elimination of Urea and Urinary Water, in their relation to the Period of the Day, Season, Exertion, Food, and other influences acting on the Cycle of the Year.* Proc. Roy. Soc., No. 44, p. 214.

VOLHARD, J.—*On the Ureas of the Diamines.* Proc. Roy. Soc., No. 44, p. 268.

ROBERTS, Dr. W.—*On the Solvent Powers of weak and strong Solutions of Alkaline Carbonates on Uric-acid Calculi.* Trans. Brit. Assoc., 1861.

**BEALE, Prof.—*Lecture on Urinary Calculi.*** Brit. Med. Journ., Jan. 5th, and succeeding numbers.

The cause of the deposition of a calculus must not always be looked for in the characters of the urine; the urine may be healthy while yet a stone is in process of formation. Deranged chemical changes in the system will not unfrequently account for the tendency to calculous disorder. Even in the purest calculi a certain amount of animal matter exists. This often serves to bind the particles together. For convenience of description calculi are arranged in two classes:—(1) Those leaving only slight residue after ignition. (2) Those leaving a considerable residue after ignition. Any solid matter may form the nucleus of a calculous concretion. Microscopic calculi of uric acid, phosphate, and oxalate of lime, are noted as not uncommon. Dr. Beale has seen an oxalate-of-lime calculus not larger than the  $3\frac{1}{5}$ th of an inch; he believes that small aggregations of dumb-bell crystals occur first in the uriniferous tubes of the kidney; by further addition a small crystalline mass of oval form is developed, and this, if retained either in kidney or bladder, will slowly increase in size, the material subsequently deposited upon this centre varying according to the condition of the urine. Many small uric-acid calculi which appear to be composed entirely of this substance will be found to possess a nucleus of oxalate of lime. By the action of liquor potassæ on this, dumb-bell crystals may not unfrequently be obtained, insoluble in potash and acetic acid. For determining the actual character of the nucleus it is advisable to examine the smallest calculi recently passed, and, therefore, thoroughly moist. The author points out the advantage of thorough washing out of the system, by giving large quantities of fluid during a considerable period of time. The most successful results of electrolysis in the solution of calculi have occurred to Dr. Bence Jones, by the use of a solution of nitrate of potash, and the decomposition of this by a battery of from five to twenty pairs of Grove's plates. The nitric acid set free at the positive electrode would decompose the uric acid, the potassa evolved at the negative electrode would dissolve it, so that the calculus would be disintegrated at both points. Phosphatic calculi were dissolved most easily, uric acid in a slighter degree, and oxalate of lime with an action four times as slow as that of the uric-acid calculi.

**JONES, Dr. HANFIELD.—*Cases of Baruria (eight).*** Brit. Med. Journ., Oct. 12th, p. 380.

All the cases noted presented, more or less, nerve-debility, with coincident excessive excretion of solids by the urine. In ten out of fifteen cases reported by the author and Dr. Bird, unduly high specific gravity and oxalate-of-lime deposits were both present. The debility would seem to be the primary condition. This view is favoured by the benefit obtained from tonics and sedatives—specially, the combination of nitric acid with opium. The exact pathology of the affection is as yet a matter of doubt.

**HAMMOND, Dr. WILLIAM (Maryland).—*On Uræmic Intoxication.*** Reprint from the American Journ. of Med. Sc., Jan., 1861, pp. 31.

The author has arrived at the following conclusions:—(1) That the injection of urea, in limited quantity, into the blood of animals, produces a certain amount of disturbance in the nervous system, similar in its

symptoms to the first stages of uræmia, but that this condition disappears if the kidneys are capable of so depurating the blood as to eliminate the toxic substance. (2) That urea, when introduced into the circulation in larger quantity than can in a limited period be excreted by the kidneys, induces death by uræmia. (3) That by ligature of the renal arteries, or removal of the kidneys, the elements of the urine being retained in the blood, render this fluid unsuitable to the requirements of the organism, and, consequently, induce a condition of system not essentially distinguishable from the uræmic intoxication of Bright's disease, or that caused by the direct introduction of urea into the blood. As, however, was pointed out by Bernard and Barreswil, so long as the urea, or the products of its metamorphosis, are discharged by the stomach or intestines, uræmia does not take place, but that, when these channels become closed, convulsions and coma are produced, and death soon follows. (4) That the introduction of urea or urine into the circulation of animals, the kidneys of which have been ablated, shortens the life of such animals, as Frerichs and others have already shown. (5) That there is reason to believe that the urine, as a whole, is more poisonous than a simple solution of urea, for, in those cases in which urine was injected into the blood the amount of urea thus introduced was much smaller than that previously thrown in in a pure state, and yet symptoms of as great intensity followed. (6) That urea, or the elements of the urine, as a whole, induce such a condition of the nervous system, as strongly to predispose to congestion and inflammation of the viscera, especially the lungs, pericardium, and spleen. (7) That urea, when directly injected into the blood, or suffered to accumulate in this fluid by extirpation of the kidneys, deranges, in some manner, the process of sanguification, so as to disturb the normal relation of proportion existing between the white and the red corpuscles, and either to hasten the decomposition of these latter or to interfere with the due removal from the blood of such as are broken down and effete. (8) That there is no reason to suppose that, under the circumstances specified, urea undergoes conversion into carbonate of ammonia, but that, on the contrary, there is sufficient evidence to warrant the conclusion that no such process ensues. The fact that in the foregoing experiments a larger amount of urea was generally found in the blood taken from the body after death than in that abstracted during life is, of itself, conclusive against any such hypothesis.

JONES, Dr. BENCE (St. George's Hosp.)—*Sugar in Urine.* Quart. Journ. of Chem. Soc., April, vol. xiv, p. 22. Lancet, Jan. 10th, p. 61.

The results obtained by the author are as follows:—(1) Lehmann's process for detecting sugar in urine by extracting the evaporated residue with absolute alcohol, and precipitating the sugar therefrom in the form of potash-sugar by means of alcoholic potash, cannot be employed when small quantities of sugar are present in large quantities of urine. (2) The process of fermentation is stopped by the residue of the urine, by much urea, and still more decidedly by oxalate of urea. (3) Half a grain of sugar in water can be detected by the alcohol produced by fermentation, and may be estimated by the carbonic acid produced; but much larger quantities may be overlooked in concentrated urine. (4) In decolorizing urine for

examination in the polarizing saccharometer some sugar is always lost. (5) Animal charcoal retains sugar in proportion to the amount of charcoal used. This sugar may be recovered by washing with boiling water. (6) By Robiquet's method of decolorizing with basic acetate of lead and ammonia, two thirds of the sugar may be lost. (7) Pettenkofer's test for sugar by means of cholic or glycocholic acid and sulphuric acid, is the most delicate known. Two thirds of a milligramme can be detected in a little distilled water, and the presence of a small amount of the colouring matter of urine does not affect the reaction. (8) Trommer's test with sulphate of copper and potash is capable of detecting one twentieth per cent. of sugar in urine; but when very small quantities of sugar are in solution with muriate of ammonia or urea, the reduction of the oxide is not perceived. (9) Brücke's alcohol process was not found to be satisfactory, but his lead process furnished excellent results. The urine is precipitated first with neutral acetate of lead, then with basic acetate of lead, and lastly with ammonia. The ammoniacal precipitate contains the sugar, which is extracted by treating the precipitate with oxalic acid, or preferably with sulphuretted hydrogen. By Brücke's process one seventh of a grain of sugar, added to 200 cubic centimetres of urine, could be detected; and two thirds of all the sugar added could be recovered. Moreover, the sugar is obtained free from salts, so that it can be fermented; and free from colour, so that it can be examined in the saccharometer. In examining healthy urine by this process, the presence of sugar could be readily ascertained in 1000 cubic centimetres of urine. The sugar separated by Brücke's process from 1000 cubic centimetres of the urine of a healthy man was estimated by the reduction test to vary from 1·4 to 2·2 grains; and in that of another healthy man, to vary from 2·3 to 3·0 grains. The sugar separated from 5000 cubic centimetres of the urine of one healthy man gave from seven to eight degrees of rotation in the saccharometer; and that of another healthy man, from ten to eleven degrees. The sugar extracted from 14,000 cubic centimetres of healthy urine yielded by fermentation 1·8 grains of carbonic acid, together with a recognisable quantity of alcohol. These and other experiments fully confirmed Brücke's statement as to the habitual presence of sugar in healthy urine. Hence diabetes must be considered as an exaggeration of a healthy state, and not as a distinct and peculiar condition of the system. In health and in diabetes the same chemical changes seem to take place in the system; but the greater amount of change in the one case constitutes health, and the lesser amount in the other case constitutes diabetes.

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GIBB, Dr.—*Crystals of Diabetic Sugar.* Trans. Path. Soc., vol. xii,  
p. 131.

The author says that when the urine is very rich in sugar, and contains but little urea and other salts, the characteristic form of diabetic crystal is obtained, namely, rhomboidal prisms, existing either in detached masses or in tufts; the latter may partake of true arborescence. When such is the case, with a low power of the microscope, branches running in various directions from a central stem are seen, and from these the crystals are observed to shoot in different directions. The branched form of crystallization varies very much, but it is one of the most beautiful

objects submitted to microscopic examination. When the diabetic fluid contains a larger proportion of salts, the sugar crystallizes in little circular masses, with minute crystals projecting from the surface. These masses appear to be made up of an aggregation of flat plates of sugar, and, when examined on a dark ground, they resemble lumps of the well-known barley sugar.

**ROBERTS, Dr. Wm.** — *On a new Clinical Method of estimating the quantity of Sugar in Diabetic Urine.* Edin. Med. Journ., Oct., p. 326.

The author recommends the estimating of the sugar by calculating the loss of density as described in last 'Year Book,' p. 106. In the present communication he proposes the following mode of procedure:

1. Four ounces of urine are placed in a twelve-ounce phial, with a lump of German yeast of the size of a small walnut.
2. This is loosely corked, or covered with a slip of glass, and placed in a warm place to ferment.
3. A companion phial filled with the same urine—say a three-ounce phial—is tightly corked, and placed beside the fermenting phial.
4. In about twenty-two hours, when fermentation has ceased, the two phials are removed, and placed in some cooler part of the room.
5. Two hours after—that is, about twenty-four hours from the commencement of the experiment—the contents of the phials are separately poured into cylindrical glasses, and the density of each observed.
6. The difference between the two densities is thus ascertained, and every degree of "density lost" indicates one grain per fluid ounce of sugar in the urine.

**GILCHRIST, Dr. (Torquay).** — *On Indigo in Urine.* Ed. Med. Journ., Dec., p. 535.

A labourer's wife, æt. 58, first noticed a blue deposit in her urine about fourteen years ago, at which time she suffered from acute pain in the region of the heart. The urine was very offensive, and has continued so up to the present time. There is now considerable pain about the neck of the bladder, accompanied with frequent calls to micturate (occasionally every five or ten minutes). The total amount of urine passed in twenty-four hours is about three pints. It is of a dirty, greenish-yellow colour, strongly ammoniacal, and of sp. gr. 1010. On standing, it deposits a greenish-blue sediment, consisting of triple phosphates, epithelium-cells, amorphous blue matter, and some masses of a yellowish-brown colour. The blue and yellow matters are insoluble in water, acetic acid, ammonia or cold alcohol; but soluble in nitric acid and hot alcohol. The former destroys the colour. On adding sulphuric acid to the clear urine a faint-pink or copper colour is produced, thus proving that only a small amount of urine-pigment is present.

**WOODWARD, Dr.** — *On the Action of Opium on the Genito-urinary Organs.* Boston Med. Journ., vol. lxv, p. 158.

The 'Medical Times and Gaz.,' of the 30th November gives the following extract from Dr. Woodward's paper:—The author states that an accident

led him to notice in his own person the incorrectness of the assertion so generally made, that opium arrests the urinary secretion. On the contrary, he found, by repeated experiments, that his urine, while taking small doses of sulphate of morphia, doubled in quantity and decreased in specific gravity from 1014 to 1003. Five young men were also experimented upon, and in four a large increase in quantity and a lower specific gravity were observed. In the other the quantity remained the same, but the specific gravity was markedly lessened. He did not obtain the same results when he used opium itself, but they followed whether he employed the muriate or sulphate of morphia. Acting upon this hint, he has several times used morphia in irritable conditions of the nervous system, where a diuretic was required, and with good effect. "I think it will be found, says he, that, in many cases of disease, the urinary secretion is arrested by the state of nervous tension which has been superinduced, and that, instead of a resort to stimulant diuretics, sedatives will relax the tension and allow the secretion to be restored." Another marked action of opium, Dr. Woodward observes, is as an anaphrodisiac. He has found that among opium eaters, both male and female, the sexual desire becomes almost extinct; while he has prescribed it with good effect in persons suffering from lustful propensities.

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**SELIGSOHN, MAX.**—*On the Reaction of Cinchonine and its detection in Urine.* Med. Centr. Ztg., vol. xxx, p. 17, 1861.

Seligsohn has extended the researches on the test with the yellow ferrocyanide of potassium, and finds that it never fails when the cinchonine solution is neutral, and that the yellow precipitate thereby obtained is not readily soluble even in acid solutions. On heating the liquid the precipitate is dissolved, but it reforms in the shape of little yellow crystals on the liquid being slowly cooled. In 250 cub. cent. (8 oz.) of water, to which 0·292 grms. ( $4\frac{1}{2}$  grains) cinchonine was added, the substance was easily detected; but in the morning urine of a person who had taken 10 grms. (155 grains) of the salt none was found. (Schmidt, No. 111, p. 6.)

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**SMITH, Dr. E.**—*Experiments with Fat, Tea, Coffee, and Alcohol.* Trans. Brit. Assoc., 1861.

Smith found the following results from the administration of  $3\frac{1}{2}$  ozs. of extra fat,  $\frac{1}{2}$  oz. of tea,  $1\frac{1}{2}$  oz. of coffee, and 2 ozs. of alcohol, diluted with water, when added to the dietary of prisoners, for successive periods of three days each.

1. During the period of the administration of  $3\frac{1}{2}$  ozs. of extra fat daily, the amounts of urea and urinary water excreted were 529 grains, and 69·17 ozs. on the average of all the cases, showing that no notable change had been produced.

2. During the withdrawal of  $\frac{2}{3}$  of an ounce (328 grains) of chloride of sodium daily, the quantity of that salt excreted by the urine was reduced from 506 to 184 grains daily, the difference being almost exactly the amount which had been withheld. After the full supply was renewed, it was some days before the whole again appeared in the urine.

3. The excretion of urea was lessened during the administration of the tea to 402 grains on the second, and 508 grains on the third, which was a

treadwheel-day. The exact amount of the diminution could not be determined, since in the three preceding days two treadwheel-days were included, and thus this basis of comparison was unduly elevated. The excretion of chloride of sodium was increased to 542 grains per day. The quantity of urinary water evolved remained unchanged.

4. The urea, which had fallen during the action of tea, remained below the average during the action of coffee (which was administered after the experiments on tea), but it rose 42 grains daily, and at the end of the period was scarcely below the quantity normally evolved. The quantity of chloride of sodium evolved was 50 grains daily less than with the tea, viz., 494 grains. The quantity of urinary water was not changed.

5. The urea was also lessened during the action of alcohol, to the extent of 26 grains per day below the normal quantity; but it was still 14 grains per day higher than the quantity to which it first fell with the tea. The effect was much more evident with treadwheel-labour on the first day, for instead of an increase with labour there was an elimination of 43 grains less than occurred on the previous day with rest, but on the third day the increase with labour was 111 grains over that evolved on the Sunday. On the first day the barometer fell greatly and tended to prevent the elimination of urea. The greatest effect was upon the elimination of urinary water, and caused a diminution of no less than 20 ounces per day on the average of the three days; and as there was an unusual thirst during the administration of the alcohol (without, however, any additional fluid food being allowed), it is easy to see in how great a degree alcohol tends to temporarily fix fluid in the tissues of the body, and in doing so to restrain the emission of urea.

Hence the effect of tea, coffee, and alcohol, in lessening the emission of urea, appeared to be temporary only, and in the case of alcohol was associated with retention of fluid in the body, and consequently with an increase of weight.

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SMITH, E., and MILNER, W. R.—*Report on the action of Prison Diet and Discipline on the Bodily Functions of Prisoners.* Trans. Brit. Assoc.

*Prison labour and seclusion.*—The authors found that the prisoners emitted much more urea than occurs in ordinary life. On Sundays, with entire rest, the amount of urea was commonly lessened, but the nitrogen in the faeces was increased in the same degree. With treadwheel-labour there was a small increase in the amount of urea and of urine evolved, whilst there was a small decrease in the evolution of chloride of sodium in the urine.

Of two sets of prisoners making very different amounts of exertion, viz., the tailors and the weavers, it was found by Smith and Milner that the weavers of cocoa matting, when compared with the tailors, were older, taller, heavier, and broader; they took more bread, milk and water. They lost weight, whilst the tailors gained weight. They emitted more urine, urea, chloride of sodium, and faeces.

The authors affirm that a dietary of bread and water or gruel only cannot be enforced without injury to the system. They also state, in reference to the necessity for extra food, that bread is far inferior to milk as an article

of extra diet. The detention in prisons lessens the power of assimilating food; and hence it is quite possible that a quantity of food which would sustain a man out of gaol would not sustain him with the same labour in gaol.

*Urinary water.*—In the first set of inquiries four prisoners in Cold-bath Fields Prison were selected, who had been some time in prison, and who worked the treadwheel on three days in each week. The quantity of urinary water evolved was, on the total average, 10·4 per cent. greater on treadwheel than on other days. The quantity of fluid drank was the same on each day, but the amount lost by perspiration was much greater on treadwheel-days.

In the experiments at Wakefield, four men of regular habits and in good state of health were selected. Two were weavers of cocoa matting, which is a very laborious occupation, and two were tailors. The largest quantities which were evolved in one day was 25,321 grs. (56·6 ozs.) and 26,624 grs. (59·17 ozs.) in the tailors, and 27,791 grs. (62·3 ozs.) and 32,924 grs. (74 ozs.) in the weavers. The average daily quantity was 41·2 ozs. in the tailors, and 47·51 ozs. in the weavers.

The average decrease from the Saturday to the Sunday was 10·29 ozs.

*Specific gravity.*—The specific gravity of the urine varied from 1016 to 1027·5, but there was singular uniformity in the general results. In the tailors it was 1023·7 and 1025, and in the weavers 1024·37 and 1024·6, giving a total average of 1024·35 in the tailors and 1024·45 in the weavers.

*Weight of body.*—The average weight of three of the prisoners during the inquiry was greater than that recorded on the day preceding the commencement of the inquiry, but there was a loss of weight in the four. The average gain was, in the tailors, 15 $\frac{1}{2}$  ozs. and 17 $\frac{3}{4}$  ozs., and in one of the weavers 3 $\frac{1}{4}$  ozs., but in the other weaver there was a loss of 3 $\frac{3}{4}$  ozs. The greatest gain in the different cases was 1 lb. 13 $\frac{1}{4}$  ozs. and 1 lb. 7 $\frac{1}{2}$  ozs. in the tailors, and 8 $\frac{3}{4}$  ozs. and 1 lb. 11 ozs. in the weavers; and the greatest loss 1 $\frac{1}{2}$  oz. in one tailor, 1 lb. 2 $\frac{1}{4}$  ozs. and 4 $\frac{1}{4}$  ozs. in the weavers. There was no unvarying progression in the weight during the week, but in every case there was an increase from the Saturday to the Sunday.

*Urea.*—At Coldbath Fields the total daily excretion of urea was least on Sunday, greater on the days of light labour, and greatest on days of treadwheel-labour, on which occasions the average quantities were 494, 512, and 528 grains, giving a daily increase on treadwheel-days of 16 grains over that of days of light labour, and of 34 grains over that of perfect rest.

The quantity of urea to each pound of body-weight, both on days of treadwheel-labour and on those of rest, was much above that found in the ordinary conditions of life, viz., from 4·39 grs. to 4·74 grs., or an average of 4·58 grs. to each lb. of body-weight. Smith found in himself, with about the same food, but with much greater weight of body, an average proportion of only 2·75 grains to each lb. The probable explanation is that already referred to, viz., that the nitrogenous tissues in the bodies of prisoners, after a certain term of imprisonment, bear a larger proportion to the weight of the whole body than is found in health under ordinary conditions, since, by the labour and discipline of the

gaol, much of the fat is lost, and the fluid contained in the tissues is reduced to a minimum quantity.

The analysis for urea was made by Liebig's method.

LAWSON, ROBERT (Dep. Insp.-Gen. Hosp.)—*Some Observations on the Urinary and Alvine Excretions, as they appear within the Tropics.* Med.-Chir. Rev., Oct., p. 483.

Lawson found—(1) that when the quantity of vapour in the atmosphere is great, the amount of solids as well as of water excreted is increased. (2) Moderate exercise diminishes the quantity of urinary fluids and solids, while it increases the action of the skin and lungs. (3) Hippuric acid is a normal constituent of the urine of Europeans as well as of the blacks inhabiting Jamaica. (4) The urohæmatin excreted by the urine appears to be increased in the tropics.

BAMBERGERE, Prof. H.—*Is Ammonia a Normal Constituent of the Urine?* Würzb. Med. Zeitschr., vol. i, p. 146. Canst., vol. i, p. 253.

In order to answer this question the author boiled normal urine in a distilling apparatus, and variously tested the vapour for ammonia. In none of a series of experiments could he detect so much as a trace. In Bright's disease, unaccompanied by uræmic symptoms, the albuminous urine, when distilled, distinctly yields ammonia, as does also normal urine to which white of egg has been added.

BÖDECKER.—*A Contribution to the knowledge of Tissue Change in the Healthy Organism.* Zeitschr. f. rat. Med., vol. x, p. 153. Canst., vol. i, p. 254.

The following table shows the results of the author's examination of the urine discharged in twenty-four hours by nine healthy young men:

	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	
			a.	b.						
Specific gravity . .	1028	1019	1023·5	1025	1019	1015·3	1024	1015·5	1023	1017
Quantity in centim.	1430	2160	1150	615	1600	1370	1030	1380	1050	1150
Urea, in grammes . .	38·9	38·1	35·3	33·0	31·4	30·2	28·1	23·8	22·4	20·3
Uric acid . . .	1·3	0·6	0·5	1·2	0·7	0·3	1·4	?	0·4	0·3
Sulph. acid . . .	1·9	4·4	4·1	1·9	2·9	2·6	2·6	2·3	2·3	1·3
Phosph. acid . . .	4·1	3·2	2·3	2·0	2·8	3·2	2·3	2·9	2·9	1·8
Chlorine . . .	6·3	12·6	6·0	4·7	11·6	5·8	8·2	6·9	9·7	6·9
Lime . . .	0·4	0·2	0·6	0·2	0·5	0·2	0·3	0·3	0·3	0·2
Magnesia . . .	—	—	—	—	—	0·2	0·2	—	—	0·1
Solid residue . . .	65·8	76·7	60·4	—	—	56·8	46·82	—	52·8	38·8

According to the author, the daily quantity of hippuric acid excreted by healthy persons is more than double that of the uric acid.

LÜCKE, A.—*On the presence and detection of Hippuric Acid in Human Urine.* Virchow's Archiv, vol. xix, p. 196. Canst., vol. i, p. 252.

Lücke states that proportionally small quantities of cranberries or blackberries greatly increase the amount of hippuric acid in the urine, and impart their respective colours to it. He detected the acid in the fluid

of a hydrocele, along with iron and manganese. When boiled down with nitric acid, the vapour of the residue gives off a powerful odour of nitrobenzoin.

**NEUBAUER.**—*Contributions to the Analysis of the Urine.* Archiv f. gem. Arbeiten, vol. v, p. 319. Canst., vol. i, p. 253.

From a series of inquiries this chemist computes the daily amount of creatine discharged by healthy adults to be about eight grains.

**STOCKRIS, D. J. B.**—*The Physiology of Uric Acid.* Archiv v. Donders u. Berlin, vol. ii, part 3, p. 260. Canst., vol. i, p. 251.

In order to ascertain whether uric acid becomes transformed into urea, the author, whilst maintaining a uniform diet, took several doses of urates, carefully determining, before and after the experiments, the amounts of uric acid and urea in the urine. He concludes, from the results obtained, that uric acid does become metamorphosed into urea within the organism, and the seat of that metamorphosis he believes (from experiments with the liver of animals) to be the liver.

**WITTICH.**—*On Secretion of Urine in Rabbits.* Schmidt, vol. 108, No. 12. Canst., vol. i, p. 139.

The author observes that, in the rabbit's kidney, nerves with numerous ganglia may be traced as far as the cortical substance. Extirpation of the renal nerve or plexus, or of an entire kidney, was not found to cause haematuria or to affect the quantity of the urine, which, in the rabbit, normally contains albumen.

**HEYNSIUS.**—*On Diffusion of Albumen.* Donder's Archiv, vol. iv, part 3. Canst., vol. i, pp. 3, 109.

The author finds that the exosmosis of an albuminous to a saline solution is retarded by acidity and accelerated by alkalinity on the part of the latter. He infers from this that the acidity of the fluid bathing the renal glomeruli prevents the transudation of more albumen than suffices for the nutrition of the epithelial cells, whilst it facilitates the regress of water from the canaliculi into the blood, as required in Ludwig's theory.

**LEVY, J.**—*On the Seminal Vesicles of Man.* 8vo, Greifswald, 1859. Canst., vol. i, p. 205.

After an examination of seventy-eight bodies, the writer, whose inquiries were superintended by Budge, comes to the conclusion (expressed long since by John Hunter), that those structures do not constitute reservoirs for the semen, but are secretory organs, into which that fluid accidentally passes in trifling amount. Their contents are, in elderly persons, always alkaline, and contain much albumen.

**DAVIS, GEORGE.**—*Chylous Urine cured by Iodide of Potassium.* Madras Med. Journ., 1860. Brit. Med. Journ., Jan. 12th.

A man, agt. 33, who had passed for three years urine resembling milk, was seen, in September, 1858, with rheumatism; the urine was then devoid of urinous odour, milky in appearance, and deposited, on boiling, a white,

curdy substance, soluble in ether. Iodide of potassium was administered for the rheumatism, and given, for twenty-seven days, at the rate of fifteen grains per diem. At the end of this time the chylous state of urine had disappeared, and up to June, 1860, had not returned.

ROBERTS, Dr. W.—*On the occurrence of Deposits of Crystallized Phosphate of Lime in Healthy Urine.* Brit. Med. Journ., March 30th, p. 332.

According to the author, the prevailing arrangement is that of crystalline rods or needles grouped round a centre. About two grains of crystals, collected from diabetic patients, were thus examined:—(1) Treated with caustic potash, they evolved no ammonia, nor were they in any way affected by boiling, even in caustic alkalies. (2) They dissolved slowly in acetic acid, without effervescence. After addition of oxalate of ammonia a precipitate fell, presenting minute octahedra of oxalate of lime. (3) They were dissolved rapidly by mineral acids; ammonia added afterwards in excess, threw down an amorphous sediment. Such crystals have been obtained by the addition of chloride of calcium to healthy urine, and reducing its acidity to near the neutral point with caustic soda. The appearance of a crystalline deposit of phosphate of lime is not common. It would seem to be the accompaniment of some grave disorder. A depressed acidity of the urine is an essential contingent to the formation of these crystals.

CLEMENS.—*The action of Baths on the formation of the Urine.* Froriep's Not., 1860, vol. ii, No. 2. Canst., vol. i, p. 140.

The author found that all baths diminish the specific gravity of the urine which is passed during, or just after, the bath, and that the urine passed for several hours afterwards is rich in phosphates and poor in uric acid and water.

#### PARASITES.

ANDERSON, Dr. M'CALL.—*On the Parasitic Affections of the Skin.* Woodcuts. London, pp. 152.

LEUCKART, Prof. RUDOLF.—*On the Structure and Development of the Pentastoma, with special researches on the Pent. tenuoides and P. denticulatum.* Plates. 4to, Leipzig, 1860.

KÜCHENMEISTER, M.—*The Cysticercus cellulosus transformed within the Organism of Man into the Taenia solium.* Lancet, January 12th, p. 39.

To a condemned criminal a quantity of cysticerci were given on the 24th of November and 18th of January. The prisoner was decapitated on the 31st of March, and at the autopsy it was found that half the cysticerci that had been swallowed were transformed into flat worms, of which eleven presented mature segments. Some of the latter were still connected; the others were detached, and had moved towards the lower part of the canal. There were eight other worms, which had not ripened as yet. All the parasites were comparatively small, the longest not reaching beyond five feet.

VIRCHOW.—*Helminthological Notices on Trichina spiralis.* Virchow's Archiv, 1860, pp. 330, 543. Canst., vol. i, p. 204.

Recent experiments lead the author to the result formerly obtained by him, that the trichina is not allied to the trichocephalus or trichosoma. He finds that in a month after the introduction of trichinæ into the stomach of the rabbit they are four lines in length, and are to be met with in the mesenteric glands, and also in the muscles, where they lie within the primitive fasciculi, and subsequently become encysted by means of condensed sarcolemma and altered contents. None are to be found in the brain, heart, lungs, liver, kidney, or blood. The presence of these parasites causes the death of the rabbits.

LEUCKART, R.—(1) *Researches on Trichina spiralis.* 4to, Leipzig and Heidelberg, 1860.

(2) *The Mature Condition of Trichina spiralis.* Zeitschr. f. rat. Med., 1860, pp. 259, 334. Canst., vol. i, p. 204.

According to the author's observations, the trichina, which he regards as a nematoid in an early stage, attains sexual maturity two days after its entry into the alimentary canal. The young pierce the intestinal wall, and, guided by the intermuscular connective tissue, reach the interior of the muscular fasciculus, where they attain their full size within a fortnight. The muscular fibres become granular, and when the creature is full grown, the sarcolemma becomes condensed. Peritonitis, paralysis, and death, are frequent results of their presence in the organism.

WALDENBURG.—*On Extravasation of Blood and Aneurism caused by Parasites.* Archiv f. Anat. u. Phys., 1860, p. 195. Canst., vol. i, p. 205.

The author states that various parasites which infest the frog pierce the vessels and cause aneurisms, in which they frequently become encysted.

RICHTER, B.—*Dissertation on Favus and its Fungus.* 8vo, Breslaw, 1860. Canst., vol. i, p. 203.

The author, under Göppert and Cohn's direction, succeeded in propagating favus by inoculation with the oidium in rabbits and also in apples, *Brassica annua*, and *Allium cepa*, but not in birds and lizards. He remarks that the propagation of the achorion by inoculation does not prove that it forms spores in our climate, for it may be reproduced by other germinal parts.

#### GENERATION AND DEVELOPMENT.

SERRES.—*Observations on the Centripetal Development of the Vertebral Column. Original duality of the vertebral elements of the Skeleton.* Comptes rendus, Aug. 26th, 1861, p. 353.

ROBIN.—*Note on a peculiarity in the Development of the superficial Epidermic Cells of the Fœtus.* Journ. de la Phys., April, 1861, p. 228.

CRUISE, Dr. F. R.—*Case of Arrested Development of the Female Genital Organs.* Dub. Quart. Journ., August, p. 21.

BALBIANI, G.—*Researches on the Sexual Phenomena of Infusoria.*  
Journ. de la Phys., April, 1861, p. 194.

RAINEY, GEORGE.—*Some further Experiments and Observations on the mode of Formation and Coalescence of Carbonate-of-lime-globules, and the Development of Shell-tissues.* Micros. Journ., Jan., p. 23.

TIGRI.—*On the Colour imparted to the Bones of the Fœtus by Madder mixed with the Food of the Mother during Gestation.* Comptes rendus, 1861, February 4th, p. 214, and 25th, p. 367.

The writer maintains that the dye is transmitted by the liquor amnii, which he supposes is swallowed by the fœtus. In the human fœtus he believes this process to commence regularly between the seventh and eighth month, to be a nutritive act, and to be the source of the meconium.

FLOURENS.—*The Coloration of the Fœtal Bones by the medium of the Mother's Circulation.* Comptes rendus, 1861, January, p. 103.

This physiologist has demonstrated the passage of fluids from mother to fœtus in the rabbit, by introducing, during one or two days, a solution of prussiate of potash in small quantities at a time through an opening made in the trachea. By this treatment a greenish-blue tinge is imparted to the liquor amnii, and even to the stomach, kidneys, and urinary bladder of the fœtus itself.

COINDE.—*Cases of Albinism.* Comptes rendus, 1861, Feb. 4th, p. 214.

The author narrates an instance in which a man, besotted and almost cretinized by indulgence in brandy, had three albino children successively, by two different mothers. The father had not the slightest appearance of an albino.

*Physiological Effect of Carbonic-acid Baths on the Development of the Fœtus in utero.* Foreign Correspondence of Med. Times and Gaz., Feb. 23rd, p. 209.

In a letter from the correspondent at Driburg, in Germany, we find the following marvellous physiological results attributed to the action of carbonic-acid baths. Quite recently, says the writer, Dr. Brück had a lady under his care whose general health was perfect, and who in her first confinement was delivered of a microcephalus. Being *enceinte* for the second time, she took the baths at Driburg, and afterwards gave birth to a healthy child; in the third pregnancy she neglected the baths, and was again delivered of a microcephalus. When pregnant for the fourth time she came to Driburg, used the baths, and a healthy child was the consequence. It seems almost incredible, but still it is a fact, that, being *enceinte* for the fifth time, she did not think it necessary to have recourse to that treatment, which had twice proved so eminently successful, and the consequence was that her former misfortune recurred. Since then she has been a regular visitor here, and her last confinement, which happened in the spring of 1860, was perfectly satisfactory.

One pound (7680 grains) of these waters contain—

Free carbonic acid . . . . .	17.1343	grains.
Bicarbonate of iron . . . . .	0.7862	"
Bicarbonate of manganese . . . . .	0.1094	"
Bicarbonate of lime . . . . .	14.8911	"

Bicarbonate of magnesia . . . . .	0.5305	grains.
Sulphate of potash . . . . .	0.0822	"
Sulphate of soda . . . . .	7.9688	"
Sulphate of magnesia . . . . .	4.7810	"
Nitrate of soda . . . . .	0.0048	"
Chloride of sodium . . . . .	0.6982	"
Chloride of lithium . . . . .	0.0189	"
Sulphate of lime . . . . .	10.1571	"
Silica . . . . .	0.0234	"
Alumina . . . . .	0.0019	"
Sulphuretted hydrogen . . . . .	0.0004	"
Arsenious acid . . . . .	0.0002	"
Water . . . . .	7622.8208	"

In the cases of mal-development from a deficiency of lime for the formation of the skeleton of the foetus, the waters are supposed to act by supplying it.

CURLING, T. B.—*Undeveloped Testes from an Idiot.* Path. Soc. Trans., p. 143.

A young man, æt. 19, of weak intellect and diminutive stature, died in the asylum at Earlswood, of general tuberculosis. The external organs of generation were not more developed than those of a boy of three years of age, and he had no hair on the pubes or in the axillæ, whilst the hair on his head was of a light-brown colour, and curly, like the hair of a negro. The right testicle was found in the abdomen, two inches from the external ring. It weighed only twenty grains, the epididymis being nearly as large as the body of the gland. The left testicle was in the scrotum, and, though much larger than the right, weighed only thirty-seven grains. There were no adhesions and no marks of disease about the organs. The glandular structure resembled that in the testicles of an infant, the tubuli being inseparable. The cerebellum weighed five ounces and a half. The fornix was softened, the ventricles contained serum, and the cineritious matter of the cerebrum was pale, the hemispheres were unsymmetrical.

BOYD, Dr. ROBERT (Somerset Lunatic Asylum).—*Tables of the Weights of the Human Body and the Internal Organs in the Sane and Insane of both sexes at various ages.* Proc. Roy. Soc., No. 43, p. 124.

Among the poor of the parish of Marylebone—(1) the average weight of the males was greatest at from seventy to eighty years of age. (2) The mean weight of the brain at all periods of life was greatest in the male. (3) The highest average weight of the brain in both sexes was from fourteen to twenty years. (4) The abdominal organs were generally heavier in the male than in the female. (5) The mean weight of the left kidney was generally greater than the right.

The general results obtained from an examination of the insane gave—(1) a preponderance of six pounds to the weight of the insane male, and eight pounds to the weight of the insane female over that of the sane adults dying at the same period of life. (2) The average weight of the right cerebral hemisphere is less than the left, both in the male and female. (The author says that it is a singular fact, confirmed by the examination of nearly 200 cases at St. Marylebone, in which the hemispheres were

weighed separately, that almost invariably the average weight of the left exceeded that of the right by at least the eighth of an ounce.) (3) The average weight of the cerebellum varied in the males from 5·42 to 5·06 oz., and in the females from 5 to 4·74 oz. (4) The weight of the encephalon varied in males from 48·17 to 43·87 oz., and in females from 44·55 to 40·55 oz.; in the same at the same period of life the average varied in the male from 48·2 to 45·34 oz., and in the female from 43·7 to 39·77 oz.

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CROSSMAN, E.—*Intemarriage of Relations as a cause of Degeneracy of the Offspring.* Brit. Med. Journ., April 13th, p. 401.

The intermarriage of relations is not always attended by injurious results; this is, however, only the case where the uniting parties are not impressed with the same hereditary imperfections, in consequence of a previous cross having neutralized the tendency.

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GARDNER, JAMES.—*On the Intemarriage of Relations as a cause of Degeneracy of the Offspring.* Brit. Med. Journ., March 16th, p. 290.

Gardner believes that the cause of degeneracy must be looked for elsewhere than in blood-relationship.

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JOLY, N., and MUSSET, CHARLES.—*New Experiments on Spontaneous Generation.* Comptes rendus, Jan. 21st, 1861, p. 99.

The authors took the cæcum of two sheep and boiled them during an hour along with a few pieces of meat. They then removed the cæcum, and filled them with the fluid in which they had been boiled. Three quarters of the liquid was next displaced by pure hydrogen gas, the cæcum tightly ligatured, and put aside in tepid water (20° to 25° C.). After twelve days the bags were opened and found to contain infusoria.

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TERREIL.—*Observations on so-called Spontaneous Generation.* Comptes rendus, April 29th, 1861, p. 851.

The author states that urine introduced into jars, the tubes leading to which had previously been heated to 120° or 150° C., and then gradually cooled, remained free from vegetation even after the lapse of two months, whilst the fluid contained in other jars, the tubes of which had not been heated, speedily became mouldy.

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PEADIER.—*Note on the Reproduction of the Nails.* Gaz. des Hôp., No. 37.

Having observed the growth of one crop of his own finger-nails, the author states that those of the right hand are renewed somewhat more speedily than those of the left.

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PANUM.—*Researches on the Origin of Malformations.* 8vo, Berlin, 1860. Canst., vol. i, p. 210.

Panum's work forms an epoch in the science of normal and abnormal development. We can here only indicate its contents. After a general introduction, the author proceeds to treat of monstrosities among birds. Variations of temperature here form the main cause. In the abstraction

of warmth, which is less hazardous than its undue elevation, we possess a means of producing at pleasure various monstrosities. The effect of unfavorable mechanical conditions in giving rise to malformations is minutely detailed and delineated in the work, which then takes up the subject of the abnormalities of unhatched eggs and the development of their embryos. The book is accompanied by numerous lithographs.

JÄGER, G.—*On the Spontaneous Disintegration of the Fresh-water Polyps, with some remarks on Alternate Generation.* Sitzungsber. d. Wiener Acad., vol. xxxix, p. 321. Canst., vol. i, p. 203.

This inquirer states that the mature *Hydra grisea* falls, in autumn, into a number of separate cells, which are afterwards multiplied by division, are presumed to become encysted, and perhaps in the spring give rise to new polyps.

YOUNG, EDWARD PARKER.—*Complete Transposition of all the Thoracic and Abdominal Viscera.* Lancet, June 29th, p. 630.

The case was that of a lady, aged eighty-five, who had, previous to her death, with the exception of a slight cold, enjoyed good health, and who was found dead in her room. On opening the thorax and abdomen, a complete transposition of all the organs presented itself. The heart lay with its base towards the left side of the spinal column, the apex pointing towards the right side, and reaching to the lower border of the fourth rib under the right mamma. The venæ cavæ were situated on the left side, passing into the pulmonary cavity of the heart, which was also on the left side; the aorta and systemic ventricle to the right; so that not only was the heart reversed in position, but also in formation. The left phrenic vein was lying on the superior vena cava; the right innominate was seen passing over the aorta to the left, and emptying itself into the superior vena cava. The lungs were healthy, but old pleuritic adhesions existed on both right and left sides, especially the former. The larger lobe of the liver was in close proximity to the left ribs, the smaller lobe extending only slightly to the right of the sternum. The spleen was situated on the right side, just beneath the heart; the œsophagus lying to the right of the aorta. The stomach was situated on the right side, with cardiac extremity touching the ribs, and the pyloric end extending to the left side of the mesial line; the sigmoid flexure of the colon was on the right side. The heart was healthy.

## VEGETABLE PHYSIOLOGY.

UNGER, Dr.—*Botanical Letters to a Friend.* With engravings. 8vo, London, 1861.

SOWERBY.—(1) *British Wildflowers.* Part I. To be completed in twenty monthly parts. London.

(2) *The Useful Plants of Great Britain.* Part I. To be completed in twelve parts, coloured. London.

BENTLEY, ROBERT.—*A Manual of Botany, including the structure, functions, classification, properties and uses of plants.* 8vo, London, 1861, pp. 811.

BOCKLEDER, F.—*On the Proximate Analysis of Plants and Vegetable Substances.* Translated by William Brastich. 8vo, London, 1861.

DAUBENY, Prof. CHARLES.—*On the Power ascribed to the Roots of Plants of rejecting poisonous or abnormal substances presented to them.* Quart. Journ. of Chem. Soc., Oct., p. 209.

Daubeny's investigations seem to establish the fact that, whenever abnormal substances are taken up by a living plant, it is in consequence of some interference with the vital functions of the roots, caused, perhaps, in the first instance, by the deleterious influence of the agent employed.

MANGON, HERVE.—*On the production of the Green Matter of Leaves under the influence of Electric Light.* Comptes rendus, Aug. 5th, 1861, p. 243.

Mangon finds that the green matter which is so easily developed in young leaves exposed to the sun's rays is produced with equal facility when the plants are placed under the influence of a strong electric light.

JOLY and MUSSET.—*Researches on the Origin, Development, and Fructification of the Yeast Plant.* Comptes rendus, Aug. 26th, 1861, p. 368.

The authors say—(1) The yeast plant is not a true vegetable, but a mass of spores, which are not only produced in yeast, but even in urine passed after the ingestion into the stomach of a large quantity of beer. (2) The spores, called until now by the name of *Torula*, or *Cryptococcus cerevisiae*, are capable of giving birth to a mycelium, which is by Desmazieres improperly regarded as a peculiar species of *Mycoderme*. (3) To the phase of mycelium is succeeded that of fructification, that is to say, the production of the *Penicillium glaucum* of botanists. (4) Malic or cider yeast passes through an exactly similar process. (5) The origin of these yeasts, as well as of all others, is most probably spontaneous. It thus appears that the yeast plant passes through three stages:—1st, the state of spores (*Cryptococcus* or *Torula cerevisiae*); 2nd, the state of germination, being then the *Mycoderma cerevisiae* of Desmazieres; and 3rd, the state of fructification, that is to say, the *Penicillium glaucum* of botanists.

POUCHET.—*On the Nature and Genesis of Yeast in Alcoholic Fermentation.* Comptes rendus, Feb. 18th, 1861, p. 284.

This author avers that, having mixed equal parts of beer (without yeast) and of cider, he obtained a hybrid yeast, which was neither that of beer nor that of cider, which observation he regards as a conclusive proof of the spontaneous generation of the plant.

#### SUBJECTS OF GENERAL INTEREST.

GRAHAM, T. (Master of the Mint).—*On Liquid Transpiration in relation to Chemical Composition.* Proc. Roy. Soc., No. 45, p. 381.

MURRAY, Dr. JOHN.—*On the Laws of the Mutual Interpenetration of Fluids.* Glasgow Med. Journ., July, p. 180, Oct., p. 287.

- DAVY, Dr. JOHN.—*On Sudden Change of Colour of Human Hair.* Trans. Brit. Assoc., 1861.
- GORE, GEORGE.—*Preliminary Note on the production of Vibrations and Musical Sounds by Electrolysis.* Proc. Roy. Soc., No. 44, p. 177.
- ROBERTS, DR. WM. (Manchester).—*On the Histology of a recurring Fibroid Tumour.* Archiv. of Med., Oct., 1861, p. 66.
- BUROW.—*On the Preservation of Bodies by Acetate of Alumina.* Deutsche Klinik, 1860, No. 8.
- LUDWIG, C.—*On the Atmospheric Air in the Human Organism.* Wiener Med. Wochens., March, 1860, p. 207.
- STRICKER, W.—*The Action of Lightning on the Human Body.* Virchow's Archiv, vol xx, 1860, p. 45.

GRAHAM, THOMAS (Master of the Mint).—*Liquid Diffusion applied to Analysis.* Proc. Roy. Soc., No. 44, p. 243.

In last 'Year Book,' page 5, we called attention to a new method of chemical analysis by spectrum observations of a delicacy hitherto unknown. At present we have to bring under the notice of our readers another new method of chemical investigation, which is applicable in various ways to medical research. Graham has discovered a means of separating crystalline salts, such, for example, as arsenic, from non-crystallizable organic mixtures, by a method to which he has given the name of dialysis. It is founded upon the unequal diffusibility of different substances in water. Indeed, according to Graham, there are two great divisions of chemical substances with distinctive properties. The first, or *diffusive* class of substances, are marked by their tendency to crystallize, either alone or in combination with water. When in a state of solution they are held by the solvent with a certain force, so as to affect the volatility of water by their presence. The solution is generally free from viscosity, and is always sapid. Their reactions are energetic and quickly effected. This is the class of *crystalloids*. The other class, of low diffusibility, may be named *colloids*, as they appear to be typified by animal gelatine. They have little, if any, tendency to crystallize. In their chemical reactions the crystalloidal appears the energetic form, and the colloidal the inert form, of matter. Among the colloids rank hydrated silicic acid and a number of soluble, hydrated, metallic peroxides, of which little has hitherto been known; also starch, the vegetable gums and dextrin, caramel, tannin, albumen, and vegetable and animal extractive matters.

The material for analysis is placed on a gutta-percha sieve with a vegetable-parchment bottom, and the sieve put into distilled water; in the space of twenty-four hours or more the crystallizable substance has passed through the membrane, the non-crystallizable substance remaining behind. Dialysis proves highly useful in separating arsenious acid and metallic poisons from organic fluids. Defibrinated blood, milk, and other organic fluids, charged with a few milligrammes of arsenious acid, and placed upon the dialyser, are found to impart the greater proportion of the arsenious acid to the external water in the course of twenty-four hours. The diffusate is so free from organic matter that the metal can be readily precipitated by sulphuretted hydrogen, and the quantity weighed.

LEHMANN, L.—*What influence on the Human Organism, and in particular on Tissue-change, is exerted under different circumstances by Fatiguing Exercise?* Archiv f. gem. Arbeiten, 1860, p. 484. Canst., vol. i, p. 147.

This and the following communication form replies to the question contained in the above title, which was put by the Society of Co-operation.

The author's observations, which were made on himself (aged thirty-four), his brother (aged forty-two), a labourer (aged twenty), a lady (aged thirty-two), and a boy (aged ten), led to the following results:—(1) Ex-hausting exercise frequently, but not always, causes a loss in weight; (2) gaseous excretion is considerably augmented, though not in every case; (3) the effect of exertion in increasing the quantity of urea has hitherto been exaggerated; in some instances it is trifling or null; (4) the uric acid undergoes no regular increase or decrease; (5) the chloride of sodium of the urine decreases, but very irregularly; (6) the sulphuric acid, and frequently the phosphoric acid, increases; (7) the acidity of the urine remains *in statu quo*, whilst its specific gravity rises in some cases; (8) the mean daily frequency of the pulse, and commonly that of the respiration, is raised by exercise; (9) the mean temperature rises, but only in some cases; (10) thirst is more increased than hunger, which, indeed, is sometimes diminished.

SPECK, C. (of Strassebersbach).—*On the influence of Fatiguing Exercise on Tissue-change.* Archiv f. gem. Arbeiten, p. 39. Canst., vol. i, pp. 148, 220.

The observations upon which the author's conclusions regarding the influence of exertion on textural waste depend were made on a healthy, intelligent, and reliable rustic, aged twenty-eight, who was submitted during different periods to different conditions of nourishment, activity, &c., as follows:—(1) October 11th to 20th, full diet, with systematic laborious exertion; (2) November 1st to 10th, same diet, with the utmost continued repose; (3) January 17th to 21st, sparingly nitrogenized aliment, with labour; (4) January 31st to February 3rd, same diet, with uninterrupted rest. Since perspiration always attends effort, its isolated influence was as nearly as possible determined by requiring the man to undergo (5) from November 29th to December 3rd (a period of inactivity) several hours' sweating daily. The ingesta and egesta, the weight, pulse, respiration, and temperature, were accurately noted, and the urine exactly analysed.

I. A comparison of the first and second series shows that (1) with a diet which in conditions of repose causes an obvious rise in the weight of the body, exertion produces an equally perceptible fall; (2) the sum of the excretions is augmented *during*, but most of all *immediately after*, labour; (3) in a period of inactivity that sum is greater by night than by day, and the urine increases in amount at the expense of the perspiration—conditions the reverse of those observed during the active period; (4) in a state of continued rest textural consumption is far more lavish than during the more profound repose that ensues upon toil.

II. From the third and fourth series it appears that (1) when the diet is poor, exertion causes a comparatively greater loss of weight than when

it is generous; (2) the excretion of urea and sulphuric acid is less, that of phosphoric acid is more, increased by activity when the aliment is imperfectly azotized than when it is rich in azote; and (3) in the former case uric acid is absent, in the latter it is invariably present.

III. The fifth series discloses (1) the remarkable fact that with several hours' sweating daily during a period of repose the person gains more weight than he does in conditions otherwise identical, but without stimulated perspiration; (2) under the former circumstances the proportion of the urinary ingredients is not disturbed, except that the chloride of sodium is diminished and the uric acid is increased; (3) excretion is greatest by night, with the exception of that of uric acid.

IV. (1) The mean daily temperature of the body is lowered by exertion, but somewhat raised by sweating. (2) Respiration is less frequent during rest, and is less accelerated by labour, when the food is poor than when it is rich in nitrogen. (3) Sweating slackens the respiration, but throughout the day quickens the pulse. (4) The mean frequency of the pulse is retarded by exercise, but quickened by continued rest. (5) A given amount of labour causes far less waste of the hydrocarbons when the diet is abundantly than when it is scantily nitrogenized, though even in the former case their consumption greatly exceeds that of the azotized matters. (6) With the perspiration little solid matter except potash is removed, but less urea is formed during the day, whence probably the increase in weight.

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**LIEBERMEISTER.**—*Physiological inquiries on the Quantitative Changes in the production of Heat.* Archiv f. Anat. u. Phys., 1860, pp. 520, 529.

**SPECK.**—*Some Experiments on the influence of Cold Plunge Baths on the Temperature of the Body.* Archiv f. gem. Arbeiten, 1860, p. 422. Canst., vol. i, pp. 17, 110, 111.

Liebermeister confirms by a new series of experiments the results of his former researches (see 'Year Book,' vol. ii, p. 131), showing the enormous increase in the production of animal heat on exposure of the surface to cold. He states that a bath at a temperature between  $70^{\circ}$  and  $85^{\circ}$  multiplies the production of warmth three or fourfold, and that exposure of the naked body to air between about  $55^{\circ}$  and  $70^{\circ}$  increases calorification by about one half.

Speck's observations, so far as they go, are confirmative of Liebermeister's law.

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**HAUGHTON, Dr. EDWARD.**—*The Turkish Bath.* Brit. Med. Journ., March 9th, p. 267.

So high a temperature as  $150^{\circ}$  or  $160^{\circ}$  can only be borne with impunity when the air is dry. The dryness of the air necessitates the increase of temperature.

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**WOLLASTON, Dr. R.**—*The Turkish Bath.* Brit. Med. Journ., Feb. 23rd, p. 211.

States that  $150^{\circ}$  or  $160^{\circ}$  will be found the best heat for the sudorific chamber, and that a preparatory temperature of  $110^{\circ}$  in the first room is absolutely necessary.

VIVENOT, R. v.—*On the influence of the Variation of Atmospheric Pressure on the Human Organism.* Virchow's Archiv, vol. xix, p. 492. Canst., vol. i, p. 109.

According to the results of the author's inquiries—

I. *Diminution of atmospheric pressure,* (1) augmenting evaporation and oxidation, accelerates respiration and the pulse; (2) drives the blood to the circumference; (3) weakens the cohesive power of the joints; and (4) diminishes the secretion of urine.

II. *Augmented pressure,* again, so far as appears from repeated observations made on four delicate-chested young persons in Nice at a pressure of  $\frac{1}{4}$  atmosphere (1) slackens the pulse, on an average, ten beats, the reduction continuing an hour or two after return to the ordinary atmosphere; (2) also renders respiration less frequent by the mean quantity 1·1—effects which diminish by repetition; (3) lessens evaporation; (4) increases renal secretion; and (5) forces the blood from the surface.

MOFFAT, Dr.—*Loss of Colour of Ozone Test-papers.* Lancet, April 20th, p. 391.

The author found that iodine test-papers in sick rooms lost their colour more rapidly where the beds had curtains than where the beds were without them, and more rapidly in the bedrooms of fever patients than of others. In one of the experiments test-papers were hung in a house where there were two cases of fever. One of these cases assumed a diphtheritic character. Papers were suspended in each room, and in the apartments occupied by the family. In the apartments occupied by the family the paper lost a shade in forty-eight hours, that in the room of the milder case of fever was lighter, whilst that in the room of the diphtheritic patient was bleached nearly to whiteness.

REMAK.—*On the Endogenous Origination of the Cells of Pus and Mucus.* Virchow's Archiv, vol. xx, p. 198. Canst., vol. i, p. 27.

Abandoning a view long and strenuously advocated by him, this histologist is now persuaded that, like all other cells destined to become free, those of pus and mucus originate from the contents of the mother-cell, independently of the original nucleus. Clinical observation leads him to the conviction that pus-cells may arise both in epithelial and connective-tissue cells, and that even in non-purulent blennorrhœa, mucus cells are formed within epithelial cells.

FORDOS, M.—*On the nature of Blue Pus.* Lancet, Feb. 23rd, p. 203.

The Paris correspondent of the 'Lancet' states, that M. Fordos has lately attempted, and with success it would appear, to ascertain the nature of the principle which gives to the pus of certain abscesses a blue colour. This principle has been supposed by some chemists to be a modification of the green colouring-matter of the bile, or of the bluish ingredient occasionally detected in the urine; but Fordos maintains that it has no connexion with either. The means by which this gentleman has succeeded in isolating this principle is as follows. The linen stained with the peculiarly tinted pus is soaked for several hours in water, to which a small quantity of solution of ammonia has been added. A liquid of a light bluish-green hue is thus obtained. Chloroform is added to the solution, and the blue principle, together with the yellowish foreign

matter producing the green tint, is extracted from the water. The chloroform is then drawn off, filtered, and evaporated. To the residue is added distilled water, which takes up the colouring principle, leaving the fatty material. A second admixture of chloroform is effected, and the ethereal solution is again drawn off, filtered, and evaporated as before. Thus are obtained the blue principle and the yellowish material. A few drops of hydrochloric acid are added (which reddens the blue principle), and the chloroform then dissolves the yellow matter, leaving untouched the blue, which is triturated with carbonate of baryta, in order to get rid of the acid, and is on evaporation of the chloroformic solution deposited in prismatic crystals of a beautiful blue colour. These crystals are soluble in water, alcohol, ether, and chloroform; and the solution is reddened by the addition of an acid, the original tint being restored on the further admixture of an alkali. This principle M. Fordos has called pyocyanine.

**MATTEUCCI, Prof.—*Electro-physiological Researches. Eleventh series. On the secondary Electro-motor Power of Nerves, and its application to the explanation of certain Electro-physiological Phenomena.*** Proc. Roy. Soc., No. 45, p. 384.

The object of this paper is to show, by experiment, that when a nerve is traversed by an electric current, it acquires in all its points a secondary electro-motor power, and consequently becomes capable of producing in a conducting homogeneous circuit, whose extremities touch any two points of that nerve, an electric current in an opposite direction to that of the original current. This result is independent of the vital properties of the nerves, but is affected in greater or less degree by their physical condition. A similar effect, indeed, the author says, is produced by the passage of an electric current in all porous substances imbibed with a conducting liquid, and this phenomenon has been studied in its generality by other physicists; but the purpose of the present paper is to determine the conditions of the secondary electro-motor power of nerves, in order to make a due application of these conditions to the explanation of the phenomena exhibited by nerves on the opening of a voltaic circuit which has traversed them.

**SCHULTZE, MAX.—*Chemical Researches on the Electrical Organ of the Torpedo and Caudal Organs of the Skate.*** Journ. f. prakt. Chem., vol. lxxii, p. 1, 1861.

The electrical organs of the living fish have an acid reaction, and this they retain for a certain time after death. In an aqueous extract of the organ the author found a considerable quantity of phosphate of lime, but no magnesia. It also contained a small quantity of sulphates, a large amount of chloride of sodium, but no potash. Among the organic substances found may be mentioned urea (in large quantity), creatinine, from the creatine, taurino (?), and a new substance, the exact nature of which was not ascertained.

**BEVERIDGE, R. (Aberdeen).—*On the Function of the Epiglottis.*** Edin. Med. Journ., Aug., p. 144.

The author observes that the epiglottis is itself of a triangular or leaf-like form, having its broad upper end immediately behind the tongue. This upper end is rounded, the central portion of it being free, while the

lateral have attached the aryteno-epiglottic folds. Immediately below this the epiglottis is placed in the hollow or curve formed by the hyoid bone, to the body of which it is attached by elastic tissue, and, narrowing rapidly below this, is connected by its lower end with the retiring angle of the thyroid cartilage. Its position is thus vertical, and, so long as it remains so, it will keep tense the aryteno-epiglottic folds. Beveridge says that the function of the epiglottis might be shortly stated to be the keeping open the superior opening of the larynx by its elasticity, maintaining the aryteno-epiglottic folds in a state of tension ; and when bent upon itself by the jerking upwards of the thyroid cartilage, to slacken these folds, and so momentarily to close that orifice during deglutition.

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GIBB, Dr.—*Cartilages of Wrisberg in the Larynx of a Mona Monkey.*  
Trans. Path. Soc., p. 244.

The author showed the larynx of a Mona monkey as exhibiting a considerable development of the cuneiform or Wrisbergian cartilages in the fold of mucous membrane between the arytenoid cartilages and epiglottis. These small bodies are known to be either very minute or wholly wanting in man.

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MÜLLER, W.—*Contributions to the knowledge of the Molecular Structure of Animal Textures.* Zeitschr. f. rat. Med., vol. x, p. 172. Canst., vol. i, p. 37.

A detailed inquiry into the optical properties of the connective, cartilaginous, and bony tissues, leads the author to the establishment of a new analogy between them, which is, that the primitive fibrils of connective tissue and the intercellular substances of cartilage and bone consist of numerous monærial, positively bi-refractive structures, the principal axis of which is parallel to the long axis of their respective cellular elements.

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LANE, L. COOPER.—*On the obtaining of Inosite.* Ann. d. Chem. u. Pharm., vol. cxvii, p. 118. Schmidt, vol. 110, p. 1, 1861.

The method recommended by the author is to add three or four times the volume of alcohol to the boiling liquid under examination, to filter from the precipitate, and put the clear liquid aside during twenty-four hours, by the end of which time a quantity of the inosite will have crystallized. To the liquid is then added ether, until it becomes somewhat milky, and after again standing twenty-four hours, all the remaining inosite will have crystallized. By following this method the author has obtained inosite from the brain, spleen, pancreas, and lung of the ox. Boedeker also obtained inosite from the brain of the pig.

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DE LUCA, S.—*On the Transformation into Sugar of the Skin of the Silkworm.* Compt. rend., July 15th, 1861, p. 102.

By the repeated treatment of the skin of the silkworm with mineral acids, De Luca has obtained a white substance possessing many of the characters of vegetable starch. It is non-nitrogenous, becomes blue on the addition of iodine, and is readily transformed into sugar, which reduces the oxide of copper and combines with chloride of sodium to form a crystallizable salt of the following composition :— $2C_{12}H_{12}O_{12}, 2HO + NaCl$ .

**LEYDIG, Fr.**—*On the External Coverings of the Mammalia.* Archiv f. Anat. u. Phys., 1859, p. 677. Canst., vol. i, pp. 31, 37, 39, 49, 76, 78, 91.

Among the results of the author's extended researches on the integuments of the mammalia may be cited the following:—(1) In the upper strata of the epidermis the cells possess no nucleus, whilst those of the *rete mucosum* are nucleated and (2) even where the hair is white, contain pigment, which in some cases is also deposited in the upper layers of the corium. (3) The deepest, filiform cells of the epidermis do not simply rest on the papilla, but are firmly attached thereto. (4) The fasciculi of the filamentous tissue of the corium are of variable consistence, even in the same animal, and become very dense in the pachyderms; the corium of the rhinoceros is histologically allied to fibrous tissue. (5) In many animals, among which is the dog, sweat-glands, though absent on the general surface, occur on the soles of the feet. The sweat-canals discovered by the author on the head of the bat always terminate in the upper end of a hair-follicle. (6) Contrary to the general opinion, that the cuticular scales of the hair never contain pigment-granules, the author has found them in considerable quantity in the case of *Bradypus cuculliger*. (7) In many mammals (e.g. pachyderms, dog) several hairs spring from a common multilocular follicle.

**DAVY, Dr. JOHN.**—*Is Hair subject to sudden Changes in Colour?* Brit. Assoc. for Adv. of Science, Brit. Med. Journ., Oct. 5th, p. 367.

Nothing, other than recorded evidence, can be adduced in favour of the popular and affirmative answer to this question. The conclusion come to is, that the idea of fallacy is unavoidable as to the hair being subject to change of colour from mental impressions.

**CHAPUIS, P., and MOLESCHOTT, J.**—*On some points relative to the Structure of the Hair-follicle and the Hair of the Human Scalp.* Moleschott's Untersuch., vol. vii, p. 325. Canst., vol. i, p. 92.

In this paper are detailed the results of numerous precise measurements of the various parts of the hair-follicle and its contents. The other results obtained are these:—(1) The follicle ends by a rounded point, and not, as hitherto assumed, by a bulb. (2) The papilla, one fifth of a millimètre in average height, conical in form, with a somewhat constricted base, does not consist of areolar tissue, but of polygonal cells, with distinct nucleus and pale contents. (3) The fibres of the follicular muscles are entwined with reticulated elastic fibres. (4) The outer root-sheath (*rete mucosum*) leaves the follicle uncovered for the lower fourth of a millimètre of its extent, and, accordingly, terminates above the apex of the papilla, whilst (5) the inner sheath ends at the level of the entry of the sebaceous duct, the contents of which thus pass between the outer (now the sole) root-sheath and the hair. (6) The medullary cells are irregular polyhedra, with rounded angles, and contain globular nuclei and several glistening corpuscles imbedded amid fine granules. (7) The root of the hair, commonly straight, is sometimes bent.

**WUNDT.**—*On the Elasticity of Organic Tissues.* Zeitsch. f. rat. Med. 1860, p. 267. Canst., vol. i, p. 5.

Whilst maintaining, generally, that both organic and inorganic substances obey the same laws in regard to elasticity, the author yet admits, with Volkmann, who has raised objections to this view (see 'Year Book,' vol. ii, p. 130), that this parallelism ceases beyond a certain limit, which, he finds, is reached when degrees of traction are employed which effect a greater change in the form of organic than in that of inorganic bodies.

VALENTIN, G.—*Contributions to our knowledge of the Hibernation of Marmots. Ninth section. Pulse and Blood-pressure.* Moleschott's Untersuch., vol. vii, part 1, 1860, p. 30. Canst., vol. i, p. 128.

The author says that in marmots blood-pressure begins to rise during inspiration. This fact, which agrees with Einbrodt's statements (see p. 26), is referred to the effect of aeration of the blood in increasing the heart's action, so as more than to compensate the lowering effect of the chest movement.

BAUDEMENT.—*Observations on the relations existing between the Thoracic Development, the Conformation, and the aptitudes for Fattening, of the different races of Cattle.*—Comptes rendus, 1861, Feb. 11th, p. 235; March 1st, p. 508.

In order to test the value of a common opinion, that the volume of the chest is the surest indication of an animal's capability of fattening, the author made a series of observations on 102 oxen, of various breeds. Before being slaughtered each animal was weighed, the girth of its chest, the height to the withers, and its length, ascertained. After death the weights of the four quarters, of the visceral fat, and of the lungs and heart, were severally determined. The author (1) confirms the belief that thoracic development is a measure of the assimilating power and weight of the animal. (2) As the animal gains in weight its chest attains a bulk proportionally greater than the increase in length and height of the trunk. (3) The development of the trunk generally is determined by that of the chest. (4) The weight of the animal increases in proportion to the size of the chest. (5) Short-legged cattle, with large, round chests, make most flesh. Thus it seems that the total weight and the proportion of flesh to fat are determined by the thoracic bulk, the length and rotundity of the trunk, and short stature. To ascertain the relation existing between the volume of the thorax and that of the lungs, the latter were weighed directly after death, and it was found that—(1) thoracic development is no measure of that of the lungs. (2) For a given live weight, the volume of the lungs is greater the higher the animal stands and the younger it is. (3) In beasts fairly comparable in size and otherwise the relative weight of the lungs diminishes as the thoracic girth increases. (4) In cattle of the same race the lungs weigh relatively least in individuals giving the highest live weight. (5) In races of rapid growth the lungs weigh, absolutely and relatively, less than in less precocious species.

REPORT  
ON  
PRACTICAL MEDICINE AND PATHOLOGY.

BY  
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GENERAL PATHOLOGY.

- BENEKE, F. W.—*On Enchondroma and Carcinoma.* Arch. f. Wissenschaft. Heilk., v. Schmidt's Jahrb., vol. 110, p. 17.
- The Chemistry of Amyloid Degeneration.* Brit. and For. Med.-Chir. Rev., Jan., p. 52.
- BARTHEZ.—*Very large Cancerous Tumour developed in the Right Ovary of a Child,* at. 11. Gaz. des Hôpit. Soc. de Chir. Ann. par Jamain, 1861, p. 119.
- LAMBL.—*Formation of Pus on the Ependyma Ventric. Observations and Results, &c.*, Part 1, Prague, 1860, p. 71. *New formation of Choroid Plexus Tissue*, p. 58. *On the Pathology of the Lymph-glands; Hypertrophy of the same; Glandular Sarcoma; Amyloid Degeneration; Sarcoma of the Lymph-glands, and Osteosarcoma of the Vertebral Column*; pp. 236—264. *Three cases of Leucæmia*, pp. 265—292. *Glandular Tumours of the Stomach and of the Ileum; Papillary Glandular Polypus of the Rectum*; p. 371. *Cases of Carcinomatous, Muscular, Colloid, and Enchondromatous Tumours of the Limbs; Nerve-knots in the Thalamus Opticus*; p. 67. *On Amyloid and Colloid Degeneration*, p. 319. *Lipoma of the Pharynx, with dermoid covering*, p. 181. *Case of Macroglossia*, p. 184. Canst. Jahresb., vol. ii, p. 20. *On pathological conditions of the Ependyma of the Cerebral Cavities*, pp. 48—85. Canst. Jahresber., vol. ii, p. 26.
- PARROT, JUL.—*On Apparent Death.* Paris, 1860. Canst. Jahresb., vol. ii, p. 66.
- STRICKER, W.—*On the Effects of Lightning upon the Human Body.* Virchow's Archiv, vol. xx, p. 45. Brit. and For. Med.-Chir. Rev., July, 1861.

- MULLER, H.—*On some peculiar Discoid Corpuscles, and their relation to Connective Tissue.* Verhandl. d. physik. med. Ges. zu Würzb., x, 1860. Schmidt's Jahrb., vol. III, p. 150.
- NEUMANN, E.—*On the Development of new Formations.* Virch. Archiv, xx, 1, 2. Schmidt's Jahrb., vol. III, p. 159.
- WAGNER, E.—*Papillary Cystoid Tumour of the Base of the Brain.* Archiv d. Heilk., ii, 1, 1861. Schmidt's Jahrb., vol. III, p. 159.
- SAND.—*Hydatid Cyst from the Neck, containing Echinococci.* Amer. Med. Times, June 8th.
- HASSE, C.—*Anatomico-pathological Studies of Hydro-meningocele.* Ib., Aug. 3rd.
- ALDERSON and MACKENZIE.—*Remarkable case of Mollities Ossium in a Woman æt. 40, the mother of ten children; fatal result; state of the bones after death.* Lancet, Oct. 5th.
- KUHN.—*Transmission of Cancer by Inoculation (accidental) from an Ox to Man.* Lond. Med. Rev., Aug., 1861.
- LITZMANN, C. C. T.—*Contributions to the Knowledge of Osteomalacia.* Edin. Med. Journ., Nov., 1861.
- REMAK.—*On the Endogenous Origin of Pus- and Mucus-cells.* Brit. and For. Med.-Chir. Rev., Oct., 1861. Virch. Arch., vol. xx, parts 1 and 2.
- WALLMANN, H.—*Three Cases of Acephalo-cyst-sacs.* Dub. Quart. Journ. of Med. Science, Nov., 1861. Wochensbl. d. Zeitsch. der k. k. Gesellsch. d. Aerzte in Wien.

SAMUEL, S.—*The Trophic Nerves.* Leipzig, Wigand, 1860. Canst. Jahressber., vol. ii, pp. 53—57.

Samuel argues for the existence of fibres, distinct from the motor of muscles and vessels, and from the sensory, which preside over nutrition, and are divisible into a centrifugal and centripetal set. The former, when excited, increase nutrition; when paralysed, decrease it. Paralysis of the centripetal fibres is regarded by Samuel as the cause of the diminished resisting power (to injuries, &c.) of anæsthetic parts. Fever and inflammation he explains as states of excitement of the trophic nerves. Some remarkable experiments are related in evidence of the influence of nerves over the nutrition of parts supplied by them. Irritation of the auriculo-temporal produces (in the rabbit) an acute and intense inflammation of the whole auricle, issuing in puriform effusion, and inducing death by exhaustion. This inflammation begins from three to six days after the operation, and is most evidently not traumatic. Irritation of the tissue in the vicinity of the sciatic nerve produced healthy suppuration along the course of the nerve and its divisions, but did not extend to the lower part of the leg and foot. The skin and muscles were not inflamed. Prolonged irritation of the sciatic nerve, on the contrary, caused prodigious swelling and inflammation of the whole limb, with offensive saious exudation and discolouration of the muscles. Irritation of the superior laryngeal nerves produced severe and fatal laryngitis; irritation of the recurrent had nearly the same effect, while paralysis of the same nerve produced only slight hyperæmia. Irritation of the gangliform plexus of the vagus, of one or both, caused general and intense pneumonia. Irritation of the pos-

terior spinal nerve-roots and their ganglia in the lumbar region caused great swelling and hyperæmia of the leg and thigh. Samuel reviews the various theories of inflammation, and concludes that the attraction theory is the only one that will bear criticism. He admits, however, that in certain localized inflammations the irritation is conveyed to the tissue affected, not by the blood, but by nerves.

**WUNDERLICH, C. A.**—*Exposition of some elementary facts determined in Clinical Thermometry, and introduction to the application of the same to private practice.* Arch. d. Heilk., 1860, part 5. Canst. Jahresber., vol. ii, p. 63.

Wunderlich states his conclusions under twenty-seven heads, of which we give some of the most important. Although the normal temperature, 98.5° Fahr., is no guarantee of the existence of health, yet all elevation above 99.5°, or depression below 97.25°, may indicate disease. Deviations from the normal temperature are never causeless or without significance, either in regard of their first appearance or their magnitude or the mode of their fluctuations. They are strictly regular, and result from determinate external influences on the one hand and internal morbid processes on the other. In a healthy person, the most various influences, so long as they do not cause disease, scarcely alter the temperature. The converse is also true; the discovery of accidental fluctuations of temperature in persons who are normally warm is a means of recognising or confirming the existence of disorders which would otherwise be latent. The more typical and developed morbid processes are, the more permanent are the changes in temperature which they produce. In abnormal elevation of the temperature the degree attained at any given time must be considered, and also the changes that take place in it. Elevation of temperature is usually associated with disordered sensations, as of fatigue, heat, thirst, headache, chill, and with increased rapidity of the pulse; it may, however, coincide, even when amounting to four or five degrees, with a normal pulse and apparently perfect health. The degree of elevation of temperature is a safer guide in judging of any case than the rate of the pulse. The temperature in almost all cases of disease in which it is elevated undergoes daily variations, which, in part, follow certain rules, in part are determined by the kind, stage, and severity of the disease, or by its aggravation or decline. Continuous regular observation of the progress of the temperature through the whole course of a disease (febrile) affords the most important means of estimating it aright; and when continued only throughout one period, it may still be our best guide in diagnosis. Examination of the temperature curve of a disease indicates its periods and stages, the irregularities that are induced by various causes, and the certainty or non-certainty of its having terminated. A relapse, or some secondary disease, is to be expected if the temperature does not permanently subside to the normal figure. Sinking of the temperature below the normal figure is not common; it is observed temporarily during morning remissions, in states of acute collapse, in chronic marasmus, sometimes in the agony.

**ADLER, A.**—*On the Increase of the Temperature of the Body before and after Death.* Wien. med. Wochenschr., No. 48, 1859.

In five cases the temperature was found to increase on the day of, or the day before, death. In two of these the maximum was attained three and eleven minutes after the last breath.

**TROUSSEAU.**—*On Contagion.* Gaz. des Hôpital., No. 133, 1860. Canst. Jahrsb., vol. ii, p. 67.

Trousseau contends for the existence of infectious germs of disease, analogous to seeds, and seems to believe in the dissemination of disease by their agency rather than by miasmata.

**FÖRSTER.**—*On Osteo-malacia in Cancerous Patients.* Würzb. med. Ztschr., ii, 1, 1861. Schmidt's Jahrb., vol. 111, p. 17.

Förster relates four cases in which there was probably primary cancer of the vertebral column; in one of these every vertebra, from the atlas to the last lumbar, was infiltrated and softened. He states that osteomalacia, independent of cancer, is very rare in persons who labour under the latter disease.

**FÖRSTER.**—*Enormous Growth of the Ependyma in Chronic Internal Hydrocephalus, with remarks on the formation of Pus in the Ependyma.* Würzb. med. Ztschr., vol. i, p. 113. *Tuberculous Peritonitis excited by Tuberculous Inflammation of the Fallopian Tube, with remarks on Tuberculous Inflammation, and on Pus Formation on Serous Membranes.* Ibid. *On the Pathological Anatomy of large Tubercles occurring in the Brain.* Würzb. med. Ztschr., vol. i, p. 128. Canst. Jahrb., vol. ii, p. 20.

In two cases of suppuration of the ependyma Förster found that the pus-corpuscles were not developed from the epithelium, but from the mono-nucleated connective-tissue-corpuscles, which multiply by division. In the case of inflamed serous membranes the pus-corpuscles appear to be developed both from the epithelial layer and from the superficial connective tissue, but not from amorphous exudation. He admits, however, that the epithelium in some parts remains normal, and that the changes in it seem scarcely extensive enough to account for the formation of the quantity of existing pus. On mucous surfaces covered with pus the superficial layer of cylinder epithelium is, for the most part, quite unaltered, but in the deeper layers multiplication of nuclei and division of cells goes on. The new cells thus formed are pushed upwards to the surface between the normal cells. In tuberculous inflammation of serous membranes there is partly a new formation of connective tissue with vessels, in the form of villi, threads, pseudo-membranes, and thickening, and partly a development of cells and nuclei from the normal and new-formed connective tissue, out of which proceed both gray miliary tubercles and cheesy infiltration. Large cerebral tubercles appear in most cases to be formed, not by a conglomerate of small miliary ones, but by a more uniform mass, surrounded by a soft, grayish zone, which Förster regards as the primitive tuberculous new formation, as it contains the young, fresh elements of tubercle.

**MEYER.**—*On the Corpora Amyloidea of the Animal Body.* Virch. Archiv, vol. xix, p. 230. Canst. Jahrb., vol. ii, p. 20.

Meyer maintains that, by feeding animals with potatoes, especially forcibly, so as to produce small erosions, numerous masses and globules, coloured blue by iodine, were found in the blood. The real corpora amyloidea of the animal body are simple vesicles, not laminated like those of the vegetable. The latter only get into the body accidentally, as the above experiments show.

**NEUMANN, C.—*New Observations on Amyloid Degeneration.*** Deutsche Klinik, 35, 37, 39. Canst. Jahresb., vol. ii, p. 20.

Neumann reports eight cases, five of whom had pulmonary phthisis, one a large hepatic abscess, one an empyema, and one was affected with tertiary syphilis. He finds amyloid degeneration for the most part associated with pulmonary phthisis and morbus Brightii. The pulmonary disease often is regressive, while severe diarrhoea, with dropsey and albuminous urine appear. After death the liver, spleen, kidneys, intestines, and other parts, show traces of the above degeneration, especially in their small arteries and capillaries.

**HEYNSIUS A.—*On the Periodicity of Vital Phenomena.*** Arch. f. d. Holland. Beitr. zu Natur. u. Heilk., vol. ii, p. 436. Canst. Jahresb., vol. ii, p. 50.

Heynsius finds, as the result of experiments, that the osmosis of liquid albumen through an animal membrane is impeded by the presence of various acids (phosphoric, lactic, acetic) in the surrounding fluid. He remarks that during the functional activity of the muscles, stomach-glands, liver, and nerves, an acid is generated, which he supposes, after the analogy of the above experiments, to diminish the amount of albumen supplied to the functioning part by the blood. The active condition of the organ is thus impeded, and a state of quiescence induced, during which the acid is neutralized by the alkaline liquor sanguinis, and so the free osmosis of albumen again permitted. He considers the above as only one of the causes of periodicity.

**FÖRSTER, A.—*On some Rare Forms of Epithelial Cancroid.*** Verhandl. d. phys.-med. Gesell. zu Würzb., x, 1860. Schmidt's Jahrb., vol. 111, p. 159.

In the first form the cells of the tumour, shortly after their formation, dry up and contain air, so that the growth is specially characterised by its dryness and lightness. In the second, complete calcification and ossification is the prominent feature. The stroma of the growth ossifies, while the cells cretify. The ossified stroma, being nourished by vessels, is capable of vital changes, as inflammation and ulceration.

## GENERAL SYSTEM.

**WATSON, P. H.—*The Modern Pathology and Treatment of Venereal Disease.*** Edinburgh.

**WINNE, J.—*Diphtheria; its History, Causes, Symptoms, Diagnosis, Prognosis, and Treatment.*** Amer. Med. Times, Jan. 12th.

- KNEELAND, J.—*Report on Diphtheria in Onondaga Co., New York.* Amer. Med. Times, Jan. 26th.
- METCALFE, J. T.—*Bromide of Iodine as a Topical Application in Diphtheria.* Amer. Med. Times, Feb. 2nd.
- HUNTER and FRIEND.—*Diphtheria in Alabama.* Amer. Med. Times, March 16th.
- SLADE, D. D.—*Diphtheria; its Nature and Treatment, with an Account of the History of its Prevalence in various Countries.* Amer. Journ. of Med. Sci., Jan., 1861.
- GOLDSMITH.—*Some account of Diphtheria, as it occurred at Oakland College (Miss.) and Vicinity.* Id., April, 1861.
- CARE AND MONCKTON.—*On Diphtheria.* Brit. Med. J., Dec. 7th.
- NEWMAN.—*On Diphtheria.* Brit. Med. J., Feb. 23rd.
- HUNT, E.—*On Diphtheria.* Amer. Med. T., Oct. 19th.
- LEMMON, R. T.—*A Singular Epidemic in Virginia (Dengue?).* Amer. Med. Times, Feb. 16th.
- REID.—*Acute Rheumatism, with unusual Complication.* Dublin Hosp. Gaz., June 15th.
- STEINHAUSER, H.—*Clinical Report of a Case of inverted position of the Viscera.* Inaug. Diss., Giessen, 1860. Schmidt's Jahrb., vol. 112, p. 157.
- PIRRIE, W.—*On Erysipelas, and its Treatment by the Perchloride of Iron.* Edin. Med. Journ., July, 1861.
- ARAN.—*Rapid Cure of Cachectic Erysipelas by Perchloride of Iron.* Edin. Med. J., April. J. de Méd. et Chir. pratique, Feb., 1861.
- BENNETT, R.—*Case of Scorbutus.* Med. Times and Gaz., July 20th.
- SISTACH.—*Rules for the administration of Arsenic in Intermittent Fevers.* L'Union, 30, 1861. Schmidt's Jahrb., vol. 111, p. 23.
- BUNTZEN and BAMBERGER, H.—*Cases of Glanders-poisoning.* Hosp. Tidende, No. 14, 1860. Würzb. med. Ztschr., 1, 2, 1860. Schmidt's Jahrb., vol. 111, p. 35.
- FLECHSIG, R.—*Report on recent Contributions to Balneology.* Schmidt's Jahrb., vol. 111, pp. 89—115.
- SMITH, ARCH.—*On Yellow Fever in the West Indies and West Coast of America.* Lancet, Aug. 24th.
- MOORE, W.—*On the more prominent Causes of an Excessive Mortality in Early Life.* Dublin Hosp. Gaz., Aug. 15th.
- LAVERAN.—*On an Epidemic of Measles at Val-de-Grace.* Med. Times and Gaz., Aug. 31st. Gaz. hebdom., Nos. 2 and 4.
- PHELAN, D.—*Suggestions for the Prevention of Smallpox in Ireland.* Dublin Hosp. Gaz., Sept. 2nd.
- WATERS.—*Two Cases of Acute Rheumatism with Pericarditis, treated by Opium and Stimulants; recovery.* Lancet, Sept. 7th.
- ALIENZA.—*Chloroform in Intermittent Fever (useful, but not curative).* L'Union Med., May 23rd, 1861. Brit. Med. Journ., Sept. 28th.
- PAGE and ANNANDALE.—*Death while under the Influence of Chloroform; Autopsy—Two Cases.* Med. Times and Gaz., Sept. 28th.
- KÜTTLINGER.—*On the Statistics and Aetiology of Ague, Hooping-cough, Measles, Scarlatina, Smallpox, and Varicella.* Bayer ärztl. intell. Bl., 1—3, 1860. Schmidt's Jahrb., vol. 109, p. 295.

- Report on the Sanitary State of the Population and the Working of the Civil Hospitals in the Russian Dominions for the Year 1858.** St. Petersburg, 1860. Schmidt's Jahrb., vol. 109, p. 360.
- FRONMULLER, B.** — *Case of Combination of Variola and Syphilis.* Würzb. Ztschr., 1, 2, 1860. Schmidt's Jahrb., vol. 110, p. 48.
- WOODMAN.** — *Case of Variola, with Vaccinia, in an Infant.* Med. Times and Gaz., June, 8th.
- BUNTZEN.** — *Case of Glanders-poisoning.* Dublin Hosp. Gaz., May 15th.
- HERVIEUX.** — *On the Suppression of Suppuration, and the absolute Disinfection of Wounds by the permanent application to their surface of a Sponge soaked in a Chlorinated Solution.* L'Union Médicale, Oct. 25th, 27th, 30th, 1860. Brit. and For. Med.-Chir. Rev., Jan.
- GUYOT, J.** — *On the Employment of Alcohol (Rum) as an Abortive Agent in Intermittent Fevers.* L'Union Méd., Sept. 11th, 1860. Brit. and For. Med.-Chir. Rev., Jan.
- SEDGWICK.** — *On Sexual Limitation in Hereditary Disease.* Brit. and For. Med.-Chir. Rev., April and July, 1861.
- DICKINSON, W. H.** — *Annual Report of Cases admitted into the Medical Wards of St. George's Hospital during the Year ending December 31st, 1859.* Brit. and For. Med.-Chir. Rev., April.
- CAREY.** — *On the Prevalence of Ague in the neighbourhood of Cork, in Ireland, and Ballincollig.* Dublin Quart. Journ. of Med. Sci., Feb., 1861.
- CUMMINS.** — *Remarks on the treatment of Acute Disease.* Id., May, 1861.
- GRISOLLE and BOUCHARDAT.** — *Report made to the Academy of Medicine on a Memoir of M. Moutard-Martin, entitled 'On the Value of Sulphate of Cinchonine in the treatment of Intermittent Fevers.'* Ann. de Thérap., 1861, p. 155.
- GIBBS, O. C.** — *A Report on Epidemics and Endemics.* N. Amer. Med.-Chir. Rev., Jan., 1861.
- Two Cases of Hydrophobia.** G. degli Osped. di Genoa. Dublin Med. Press, March 20th.
- RICHARDSON, W.** — *Clinical Lecture on the treatment of Acute Rheumatism, Pericarditis, and Pneumonia, by the Eliminative Method.* Dublin Med. Press, March, 27th.
- TURNBULL, L.** — *Observations on the Medical Use of the Vin. Sambuci (useful in Chronic Rheumatism and Acne).* Id., May 8th.
- FARRE.** — *Transitory Cerebral Symptoms in Acute Rheumatism.* Lancet, Oct. 5th.
- LAMPREY, J.** — *Summary of Cases treated at the Chinese Hospital at Tien Tein.* Lancet, Oct. 12th.
- JEWELL, W.** — *Report on Meteorology and Epidemics for 1860, read before the College of Physicians of Philadelphia.* Amer. Q. J. of Med. Sc., July, 1861.
- PEACOCK.** — *Clinical Remarks on a Case of Ague complicating Phthisis, and one of Hectic Fever simulating Ague.* — Med. T. and Gaz., Oct. 26th.
- SIGMUND.** — *The Communication of Syphilis from persons having Secondary Affections.* Wien. Med. Wochenschr., 27, 1861. Schmidt's Jahrb., vol. 112, p. 44.

- LOOMIS, A. S.—*Report on the Female Fever Wards of Bellevue Hospital, for June and July, 1861.* Amer. Med. T., Aug. 24th.
- HARTSHORNE, H.—*Case of Cold Stroke.* Amer. J. of Med. Sc., Oct., 1861, p. 432.
- ROSS, W. H.—*Symptoms of Typhoid and Brain Fever induced by Worms.* Lancet, Nov. 9th.
- SEVERANCE, C. E.—*History of a Case of the Guinea Worm (Filaria medinenis).* Glasgow Med. J., Oct., 1861.
- BOTTOMLEY, G.—*The Type of Disease which has been prevalent in Croydon and its neighbourhood during the past summer.* Brit. Med. J., Nov. 16th.
- O'CONNOR.—*Scarlatina complicated with Acute Rheumatism, Bronchitis and Pericarditis supervening; recovery.* Lancet, Nov. 16th.
- GEIGEL.—*Results of eighty-four Autopsies.* Würzb. med. Ztschr., ii, 4, 1861. Schmidt's Jahrb., vol. 112, p. 172.
- MARTIN, C. A.—*On Diphtheritic Inflammation of the Vulva as a sign of Secondary Syphilis.* L'Union, 96, 98, 1861. Schmidt's Jahrb., vol. 112, p. 186.
- CHAMBERS, T. K.—*Clinical Lecture on the Renewal of Life in Continued Fever.* Med. T. and Gaz., Nov. 23rd.
- GENTLES, T. L.—*On the Citric-acid Solution of the Magnetic Phosphate of Iron as an excellent Tonic.* Lancet, Nov. 30.
- SEE.—*Remarks on certain of the early Symptoms of the Eruptive Fevers.* Edinb. Med. J., December. J. de Méd. et de Chir. pratique, Oct., 1861.
- HAMILTON.—*The Fever in Liverpool.* Lancet, April 6th, 13th.
- SIGMUND.—*On Syphilization.* Med. T. and Gaz., April 6th.
- HARDWICK.—*Typhoid Fever; after a fortnight's interval, a second attack of Typhoid Fever, with distinct Rose Rash.* Med. T. and Gaz., May 11th.
- PFEUFER.—*On Typhoid Fever and its Treatment.* Ztschr. f. ration. Med., 3rd series, vol. v, Nos. 2 and 3.
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- MILROY.—*On the Influence of Contagion in the rise and the spread of Epidemic Diseases.* Brit. Med. J., Feb. 9th.
- HUTCHINSON.—*Large Carbuncular Boil followed by Pleurisy and by Pyæmic Abscesses; recovery.* Brit. Med. J., April 13th.
- WILDBORE.—*Case of Syphilis, arising probably from Secondary Inoculation; Infection of Wife and Offspring.* Brit. Med. J., May 4th.
- SERCOMBE.—*Some of the Affections depending apparently upon Diseased Conditions of the Teeth.* Brit. Med. J., May 4th.
- BOUCHUT.—*Arseniate of Soda in Scrofulous Affections.* J. de Méd. et Chir. prat. Dublin Hosp. Gaz., March 15th.
- BUNTZEN.—*Observations on, and Clinical Illustrations of Spontaneous Gangrene.* Dublin Hosp. Gaz., April 1st, 15th, May 1st.
- BULLAR, J.—*A Case in which two ounces of the Wine of the seeds of Colchicum were accidentally taken, and which relieved a Gouty Diathesis.* Edin. Med. J., March.

- ARAN.—*On the Grape-cure.* Bull. gén. de Thérap., Oct., 1860. Edin. Med. J., March.
- GAIRDNER, W. T.—*On the use of Alcoholic Stimulants in Hospital Medical Practice; with illustrations from the Records of the Royal Infirmary of Edinburgh.* Edin. Med. J., April.
- LANCEREAUX and DUBREUIL.—*Multiple Melanotic Tumours, general Melanosis.* Gaz. de Paris, 41. Schmidt's Jahrb., vol. 110, p. 162.
- DUCHEK and HUSSA.—*On Auge.* Spit. Ztg., 12—20, 1859. Wien. Ztschr., N. F. ii, 41, 1859. Schmidt's Jahrb., vol. 109, p. 292.
- ESCOLAR.—*On Chuguiragua in Intermittent Fever.* Schmidt's Jahrb., vol. 109, p. 287.
- HAMOLECKY.—*Phosphate of Ammonia in Rheumatism.* Prag. Vierteljahrsschr., vol. i, 1861. N. Amer. Med.-Ch. Rev., July, 1861.
- DESLANDES, P. F. C.—*An Account of the Disease of Count Cavour.* Amer. Med. T., Oct. 19th. L'Union Méd.

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WOODWARD.—*On the Pathology of Rheumatism.* Lond. Med. Rev., Aug. Philad. Med. and Surg. Reporter.  
Considers it as a neurosis, and uses nervine remedies.

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*Yearly Report on Medical Matters, on the Hospitals, and the Public Sanitary Conditions of the Free City of Frankfurt,* 1860. Schmidt's Jahrb., vol. 112, p. 243.  
Contains much useful detail.

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SKODA, SCHIFF, ZIMMERMANN.—*On Fever.* Allg. Wien. med. Ztg., 23, 1860. Id., 42, 1858. Pr. Ver. Ztg., N. F. ii, 14—40, 1859. Schmidt's Jahrb., vol. 109, p. 220.

Skoda believes it to be positively established by clinical observation that fever, in cases of local inflammation, is the primary phenomenon, and therefore cannot be produced by the latter. Schiff insists that febrile heat and congestion are active conditions, the results of the activity of dilating nerves, just as the rigor is of the contracting nerves. His main fact seems to be, that if fever be set up by the injection of irritating matter into the pleural cavity or vessels, the temperature does not rise nearly so high on the side where the sympathetic is divided as on the other. Zimmermann argues to show that there is no such thing as essential fever, that it is always and in all cases the result of local lesion.

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VOGT.—*On the employment of Sulphate of Quinine and Veratria in Typhoid Fever.* Bullet. Génér. de Thérap., May 30th, 1860. Br. and For. Med.-Ch. Rev., Jan.

Veratria is a powerful antipyretic, and is to be preferred in all febrile diseases which show a rapid and impetuous progress. In typhoid fever it should be employed at the commencement, more particularly when the fever is very acute and the congestion in the head very active. In cases which are more slow in their progress, with a less intense febrile reaction, with hyperæmia more dependent on venous stagnation, and in the latter periods of the disease, when adynamia or anæmia predominates, then quinine is preferable.

BELL, JOS.—*Contributions to the Pathology and Therapeutics of Typhus Fever.* No. 5. *Treatment of the Intestinal Lesions.* Glasgow Med. J., Jan., 1861.

Bell considers it of the utmost importance to adapt the treatment to the various stages of the lesion. These he enumerates as—(1) of congestion, commencing about the third day after the rigor; (2) stage of effusion into follicles, occurring about fifth day; (3) stage of consolidation of the effusion and secondary congestion, sixth to ninth day; (4) stage of softening and sloughing, tenth to thirteenth day; (5) stage of ulceration, twelfth to fourteenth day; (6) stage of cicatrization; (7) stage of chronic ulceration; (8) stage of peritonitis; (9) stage of perforation. He attempts to point out a diagnostic relation between the symptoms and these different stages, and then considers the adaptation of the treatment which is requisite. In (1) and (2) he advises a perfectly fluid diet, with fomentations and sinapisms. In (3) frequent and regular application of turpentine stups, sinapisms or blisters; the patient is to take less beef tea, but whey, mucilage, or acidulated water. In (4), if the symptoms are severe, Acet. Plumbi and opium, diet still very restricted. In (5), if the action of the heart become feeble, the first sound nearly lost, stimulants are to be given freely. In (6), although the appetite returns, the diet is still to be very restricted until after the seventeenth day. In (7) astringents and blisters perseveringly employed. In (8) starvation, blisters, opium, with leeches in the case of the young and strong. In (9) opium and starvation. If haemorrhage occur before the tenth day, Bell gives Plumb. Acet. or gallic acid; between tenth and fourteenth, during the period of softening and sloughing, turpentine; after the fourteenth, turpentine or lead. The danger is great in this last case, as the bleeding generally proceeds from the erosion of a blood-vessel; if it be a large one, death may ensue rapidly.

No. 6. *Affections of the Brain and Nervous System. Diseases of the Pulmonary Organs.*

Bell describes five varieties of brain affections—(1) Slight rambling, occurring from tenth to fourteenth day. Careful watching is all that is necessary. (2) A state of sopor, attended with "cerebral respiration," coming on about the twelfth or thirteenth day, and ending, if not checked, in profound coma. Purgation, a blister to the scalp, and strong tea or coffee, are advised, with small doses of antimony if the heart's action is good. (3) Sleeplessness, with delirium and subsultus, coming on about the fourteenth day, with or without weakened action of the heart. In the former case wine, and perhaps an opiate, are called for. In the latter, purgation, tartar emetic, and leeches to the head. (4) Delirium, with constant excitement, coming on about eighth day, either in sthenic or asthenic general condition, and requiring accordingly either wine and opiates or tartar emetic and blisters. Both classes, however, are to be restrained by the strait waistcoat. (5) Intense and constant headache from the outset, followed on fifth or sixth day by fierce delirium, ending in coma. An autopsy shows severe cerebral congestion, and often effusion into ventricles. Leeches to head and purgation are to be used in the early period, tartar emetic in the stage of delirium, a blister to the scalp and tea or stimulants in the coma. The diagnosis from cephalitis is not easy. The lesions

of the respiratory organs are noticed under the heads of—(1) extensive and severe congestion; (2) pneumonia and pleuro-pneumonia; (3) deposit of tubercles. Some epidemics are distinguished by a remarkable liability to pneumonia. In February, 1853, there were twenty-four attacks of this kind out of twenty-eight admissions, and in March, twenty-four out of fifty. These complications were also most severe, extensive, and exceedingly rapid in their development. In some instances the action of the heart is impaired, and stimulants are required; in others, mild antiphlogistics, with Acet. Plumbi. Rapid tuberculization occurs in the predisposed as a sequel of typhus. The paper closes with an estimation of the practical value of the clinical facts observed in typhus.

**BRADY, T.—*Medical Report of the Cork Street Fever Hospital.* Dublin Med. Press, April 3rd.**

Brady states that the type of febrile diseases has been, since 1847, remarkably uniform, but very different from that which prevailed for many years previous to the famine and fever period. The same forms of disease occur, but of a low, asthenic character, with moderate or weak reaction. Previous bad sanitary conditions modify these diseases unfavorably. Alcoholic treatment, if at all freely employed, causes deterioration.

**THIERFELDER.—*On Changes in the Temperature during Typhoid Fever.* Med. Times and Gaz., July 13th.**

The temperature rises gradually for the first three or five days. If it rises for five days, it will not fall before the seventeenth day. The stage of maximum heat lasts from one to four and a half weeks, with slight remissions in the middle of the second or third week. The amount of the daily remissions is very different, and an important means for judging the violence of the fever, as it is inversely proportional to the latter. If the morning remission is only 1° Fahr., the prognosis is bad. The temperature may rise before death to 100° Fahr. Return to the normal temperature never occurs suddenly. It is sometimes continuous, but oftener an increase of the matutinal remission. Such fall of temperature mostly occurs on the seventeenth, but sometimes on the twenty-first, twenty-fourth, twelfth, or thirteenth.

**UHLE.—*On the course of Typhoid Fever in Aged Persons.* Med. Times and Gaz., July 13th.**

The temperature in them is mostly lower, the stage of maximum heat is short, that of return to the normal heat protracted. Headache, delirium, sopor, &c., are usually absent; but there is great tremor and debility. The intestinal ulcers are slow in healing.

**WUNDERLICH.—*On the Changes of Temperature in Typhoid Fever.* Med. Times and Gaz., Sept. 28th.**

Wunderlich believes that there are two perfectly distinct stages of the disease, which may be recognised by means of the thermometer. In the first exudation takes place, in the second elimination of the morbid matter and healing. The former extends, on an average, over two weeks, but may be shorter in mild and longer in severe cases. The latter varies

from one to six weeks. Within the first week a certain diagnosis may often be made by the thermometer alone, as the temperature rises in the following characteristic manner, shown in the table:

*Initial Stage of Typhoid Fever.*

		Morning.	Evening.
First day . . . . .		98.3° F.	100.6° F.
Second day . . . . .		99.4°	101.7°
Third " . . . . .		100.6°	102.8°
Fourth " . . . . .		101.7°	104.°

In the second half of the first week the evening temperature remains at 103.3° Fahr. or 104°, while the morning temperature is 1.12.5° Fahr. less. There is no typhoid fever when the temperature rises to 104° Fahr. on the first or second day of the illness; when the evening temperature in a child or in an adult does not rise to 103.3° Fahr. between the fourth and sixth days; when during the second half of the first week, a considerable or progressive decrease in the evening temperature takes place. On the other hand, if the case be apparently one of mild indisposition, we may, by finding the temperature permanently increasing, especially in the evening, be led to assume the existence of typhoid fever. Regarding prognosis, it may be said that an enormous increase of temperature in the first week indicates a very severe disease and great danger. Irregularities in the course of temperature during the first week are always a very bad sign. During the second week the diagnosis may be made of no typhoid fever if the temperature is, on one or several evenings between the eighth and eleventh day, below 103.3° Fahr., and the mild or severe form of the disease, and its probable course, may be ascertained at a time when no other symptom can give a decisive clue in this respect. If the second week appears favorable, the third week will be still more so, and convalescence will begin in the latter, or at all events in the fourth week. If, on the contrary, the second week is severe, there will be no decided improvement in the third, and the course will be very dangerous. Every irregularity in the second week is awkward, temporary remissions as well as exacerbations. In such cases the further course of the disease is also generally irregular; and though rapid recovery may sometimes take place, even under these circumstances, relapses, fresh exacerbations, complications, and hypostrophes, are more frequent. It is also an especially unfavorable sign when there is no trace of remission in the second week, even if the morning temperature does not exceed that of the evening. It is a certain sign that the course will be very severe if the morning temperature is at or above 104° Fahr., and if the evening is at 106° Fahr., especially if the increase is considerable towards the end of the week; and it is a most dangerous sign if these symptoms alternate with sudden remissions. The approach of death is more certainly shown by the state of the temperature than by any other symptom. There is either an unusual increase of temperature (above 106° Fahr.) in the period of acme, or there is a sudden increase to 108° Fahr. or more; or there is a sudden and very considerable fall of temperature (96° Fahr., and below), together with great collapsus; or there is in the period of healing a decrease of temperature, which is in contrast with the other symptoms.

BUDD, W.—*Observations on Typhoid or Intestinal Fever: the Pythagenic Theory.* Brit. Med. Journ., Nov. 2nd, 9th, 16th, 23rd, 30th; Dec. 7th, 14th.

Budd argues that there is abundant proof that sewage *per se* cannot cause fever, but that this is the result of a special miasm contained in the alvine discharges. On this view a satisfactory explanation can be given of the incomparably greater ravages which typhoid commits when it attacks rural communities, and of its vastly greater apparent contagiousness in country than in town. In the town the discharges are speedily removed from the dwelling by means of the drains; in the country they accumulate day by day on the open soil around the dwelling. He contrasts the state of London when the Thames was so offensive with that of Windsor during the fever epidemic. In the former case the most offensive emanations of *mere* sewage produced no fever; in the latter, the specific effluvia from the bowels of fever patients reproduced fever largely. Budd further argues for the specific origin of typhoid fever from the human intestine, and the non-generation of its miasm from mere filth, from the circumstance that animals, though in daily contact with the poisonous excretions, are not infected thereby. He then adverts to the necessity for predisposition that the poison may take effect, and to the well-known immunity afforded by a previous attack of the disorder. As to the question whether typhoid fever ever arises spontaneously, Budd pronounces in the negative, inasmuch as from the invisibility of the poison provision is made for its dissemination in a thousand unseen ways. Cases therefore will constantly arise in which the disease, to all appearance, originates spontaneously. He appeals to the history of smallpox in confirmation of his argument, and to the general refutation of the theory of spontaneous generation in the case of plants and animals. To the argument that because fevers at first originated spontaneously, they continue still occasionally to do so, he replies that the same may be said of itch and of syphilis, which all allow to be propagated solely by contagion.

CLARK.—*An Interesting Case of Insidious Secondary Pneumonia.* Amer. Med. Times, Sept. 14th.

Besides the pneumonia, which was not recognised during life, Clark notices the existence of a well-marked typhoid eruption, and an entire absence of the usual intestinal lesion. Death ensued about three weeks from the commencement of the disease.

FREMY.—*Croton Oil Liniment in Typhoid Fever.* Repert. de Pharmacie, Oct., 1860. Brit. Med. Journ., April 6th.

M. Fremy believes that he obtains great advantage by rubbing in this liniment over the abdomen, so as to produce an eruption.

MILROY, G.—*The Case of the Egyptian Frigate at Liverpool, with Remarks on the Causations of Fevers, &c.* Med. Critic and Psycholog. Journ., Oct., 1861.

Milroy concludes—(1) that the fever and dysentery were generated or self-engendered on-board, and that their diffusion among the crew was mainly caused by the poisonous atmosphere from the crowding of them together in filth and misery; and (2) that its extension to the attendants

in the hospital and baths on shore was due to the transmission of contagious miasma from the sick and their clothing. He remarks that the only safety upon the appearance of sickness consists in enlarging the breathing-space to all on board to the utmost, and at the same time rendering the ventilation more complete, especially at night and during the hours of sleep. The dispersion of the well and unattacked is of even greater importance, in a preservative point of view, than the segregation of the sick, however right and necessary this precaution also always is. He advocates strongly the appointment of a sanitary medical officer to supervise all vessels arriving with sick on board, and to enjoin the adoption of the necessary hygienic measures.

**WALKER, W.—*On an Epidemic of Typhus in the North-west Provinces of India.*** Edinb. Med. Journ., May.

Walker remarks that typhus has generally been considered a rare disease in India. The epidemic in question prevailed extensively, and was extremely fatal, destroying often from one half to one third of the population of a village. The symptoms were essentially those of a low fever, with complications affecting one or other of the visceral cavities. Dysentery or dysenteric diarrhoea was by far the most common sequela of the fever. No special or constant alteration was found in 104 autopsies; in particular, the glands of the small intestine were healthy. No typhus eruption was discovered, though it would be very difficult of detection on the swarthy skin of an East Indian. The contagious character of the disease was strongly marked.

**BRYSON.—*On the recent Introduction of Yellow Fever into Port Royal, Jamaica.*** Lancet, March 9th.

Bryson relates some very cogent evidence to show that, from one central focus, and within the space of a few weeks, yellow fever radiated in three distinct and distant directions, establishing at each point a fresh nidus of infection, capable of propagating itself to all susceptible persons coming within the sphere of its influence, and contributing another unequivocal and conclusive proof of the communicability of the disorder.

**BUDD.—*On the Contagion of Yellow Fever.*** Lancet, April 6th.

Budd insists on the importance of preventing healthy persons from being in any way exposed to the emanations from the matters discharged either from the stomach or bowels of the sick.

**MILROY, G.—*Outbreaks of Yellow Fever in Ships of War.*** Lancet, April 13th, 20th.

Milroy relates several instances, and discusses the best means to be adopted for the prevention and arrest of the disease.

**RICHARDSON.—*Further Observations on Scarlet Fever.*** Lancet, April 6th.

Richardson comes to the conclusion that the variety of type of scarlet fever is not dependent upon differences of poison, not on meteorological condition, locality, physical condition of the patient at the time of infection, age, nor hereditary taint.

**BOUCHUT.—*Pathognomonic Sign of Scarlatina.*** J. de Méd. et Chir. pratiqu. Dublin Hosp. Gaz., May 1st.

This consists in an enduring white stripe, produced by pressure with any hard substance on the skin occupied by the eruption. Bouchut attributes this to an increase of the contractile power of the capillaries proportionate to the intensity of the disease, the regularity of the eruption, and the amount of vital power.

**M'NAB, J.**—*On the Therapeutic Action of Sesquicarb. Ammon. in Scarlet Fever.* Edin. Med. Jour., October.

M'Nab finds this remedy very beneficial in all forms of the disease, both as a gargle and internally. The former is made with 3ij ad Aq. 3vj.

**HAMMOND.**—*Nitric Acid in Intermittent Fever.* Maryland and Virginia Med. Jour., February, 1861. Amer. Jour. of Med. Sc., April, 1861.

He states that nitric acid,  $\text{m}_x$  *ter die*, was equally successful with quinine. It cured three cases which had resisted quinine. In enlarged spleen it is also very useful.

**LIVINGSTONE.**—*On Fever in the Zambesi.* Med. Times and Gaz., June 29th.

Livingstone has found the following treatment invariably successful:—At first, Calomel, Jalapi resinæ,  $\text{a}_\alpha$  gr. viij; Quince, Rhei,  $\text{a}_\alpha$  gr. iv. M. et ft. massæ in pil., sit dosa gr. x—xx. The violent headache, pains in the back, &c., all are relieved in from four to six hours, and with the operation of the medicine there is an enormous discharge of black bile; the patient frequently calls it blood. If the bowels are slow in acting, 3ij of salts may be given. Quinine is then given till the ears sing. The patients do not lose their strength, and are often able to pursue their journey on foot the day after the operation of the remedy.

**REGNAULD.**—*On the Special Value of Quinium. Indications for its Use in the Treatment of Intermittent Fevers.* Ann. de Méd. et de Chir. pratiqu., 1861, p. 10.

Regnault praises highly Vinum Quinii in obstinate agues and the resulting cachexia. It acts as a tonic purgative, and cures the fever more slowly, but more surely, than quinine, and is much better borne by the stomach.

**SIMON.**—*When should Quinine be administered in Ague?* Ann. de Méd. et de Chir. pratiqu., 1861, p. 19.

Simon thinks it best to give a full dose, enough to affect the hearing slightly, about five hours before the commencement of the paroxysm. In pernicious fevers, however, we must not thus wait, but bring the system as rapidly as possible under the influence of the remedy.

**CHAPPLE, R. A.**—*Report on the Treatment of Intermittent Fevers by large doses of Arsenic.* Med. Times and Gaz., March 2nd.

Out of 220 cases 80 were treated with quinine, the cure being effected with from eight to twenty-four grains; 140 were treated with Liq. Pot. Arsenitis, of these 85 were cured, and 55 had to resort to quinine. The arsenic was most successful when given in doses of  $\text{m}$  xxx—xl, 2dis horis ad vice tres, 59 being cured out of 87 treated; while with  $\text{m}$  xx doses at the same rate, 26 cures were obtained out of 53 cases. The large doses did not produce intestinal derangement.

TURNER, J.—*Remarks on Arsenious Acid in large doses in Fevers as a substitute for Quinine.* Med. Times and Gaz., Sept. 28th.

Turner administers Liq. Pot. Arsen. 3ss, Tr. Card. co. 3ss, 2dis horis ad vices iv—v, the last dose at least two hours before the expected paroxysm. But little liquid should be taken. He finds arsenic as effectual, or even more so, than quinine, and quite as safe. He treats neuralgia similarly.

L'Union Méd., March 9th. Brit. Med. Jour., April 27th.

The commission reports that arsenic is a most powerful febrifuge, and that it has unquestionably the property of reducing engorgements of the spleen.

BÄRTELS.—*On an Epidemic of Measles at Kiel in 1860.* Virchow's Archiv, vol. xxi, p. 65. Med. Times and Gaz., Sept. 14th.

Bärtels treated at the dispensary 573 cases, of which 39 were fatal. In private practice only 2 among 50 died. The chief cause of death was a peculiar state of the lungs, which in part were collapsed, with foci of purulent infiltration in various parts, or in other cases a carnified condition. Intense bronchial catarrh was present, extending to the minuter ramifications, but not of a croupal character. Leeching and emetics, employed moderately, were unsuccessful, but the alternate application of towels dipped in hot and cold water had very good effects, but required to be continued for hours or days. The disease was very prone to relapse, and never pursued the typical course of simple pneumonitis.

BÄRENSPRUNG, V.—*On the Period of Incubation in Smallpox.* Annalen des Charite, Krankenhauses, vol. xix, p. 103. Brit. and For. Med.-Chir. Rev., July, 1861.

Bärensprung records seven cases all infected on the same day from the same source. In all the outbreak occurred between the thirteenth and fourteenth days after the exposure. Some were vaccinated, others not.

DRUITT.—*What is a Man's Security against Smallpox?* Med. Times and Gaz., December 14th.

Druitt urges the necessity for periodic repetition of vaccination, on account of the imperfect protection afforded by it. Out of any number of men with good vaccine marks, 40 or 41 per cent. only are protected; with doubtful marks the per-cent-age of protection is 33.

HALL, A.—*Will a Child born after the Mother has had Smallpox, and contracted after she has conceived, be liable to contract the disease?* Brit. Amer. Jour. Dublin Med. Press, March 20th.

Hall records a case in which a child (male) born under the above conditions, but unmarked, was found quite unsusceptible of vaccination, which was performed twice. Another case is referred to from the experience of Dr. Stranaghan.

**BURY, G. W. F.**—*A Statistical Account of 476 cases of Acute Rheumatism admitted into the wards of Middlesex Hospital during the years 1853-59.* Brit. and For. Med.-Chir. Rev., July, 1861.

Of 256 males, 46 had some form of recent heart affection ; of 220 females, 83 only escaped without heart complication. Pericarditis attacked 13 males and 22 females ; endocarditis 56 males and 82 females ; endo-pericarditis 42 males and 29 females ; endo-pericarditis with pleurisy 5 males and 4 females. In 67 cases, of the whole number an hereditary tendency was apparent, much more often derived from the father than from the mother. With regard to age, 227 of the cases occurred in the decade 15-25 ; and 354 in the period from 10 to 30 years. The greatest per-cent-age of cardiac attacks (68·5) occurred between the ages of 15 and 20, the next below the age of 10 years, the next between 10 and 15 years, the next between 20 and 25, after which the ratio decreases rapidly. The upper extremities were affected alone in 51 cases, the lower in 102, both in 323. The disease shows a marked tendency to commence in the feet and travel upwards. The date of the supervention of heart complication-was observed in 103 cases ; in three it commenced as early as the second, and in one as late as the twenty-seventh day. In only 30 cases was the commencement of the attack later than the thirteenth. Previous attacks had occurred in 207 cases. As regards the season of the year, the fewest admissions occurred in February (23), the highest in June (65), in October 56, in December 47, and generally the total in the warmer six months exceeded by ten the total of the colder half year.

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**ABAN.**—*On unusual Forms of Rheumatism, and the Remedies to be employed in them.* J. de Méd. et de Chir. pratiqu. Ann. par Jamain, 1861, p. 38.

Aran records a case of mild rheumatism, proving suddenly fatal, with no other structural change than a moderate congestion of the lungs. He is inclined to believe that the quinine treatment of rheumatism has rendered unusual forms of the disease more frequent than formerly. In such instances (cerebral or thoracic attacks) he advises the free use of C.C. to the neck or chest, sinapisms to the lower limbs, and of Mayor's hammer (iron heated by boiling water).

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**O'DONOVAN, R. W.**—*Observations on the Treatment of Rheumatic Fever.* Dublin Quart. Jour. of Med. Sc., Aug., 1861.

O'Donovan relates five cases, in two of which opium was of great service, while in the others it was injurious, and Pot. Iod. or lemon juice was found beneficial. O'Donovan indicates a temperament marked by a sallow complexion, dark areole round the eyes, bushy brows, and heavy eyelids and constipated habit of body, as unfavorable to the use of opium.

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**INMAN, T.**—*On Sour-smelling Perspiration in Rheumatism, and its significance as a Symptom.* Lond. Med. Rev., June, 1861.

Inman, distrusting the theory that the disease results from lactic acid in the blood, argues that the sour smell proceeds from decomposition of the perspiration, and that it ceases when the linen is frequently changed.

**STROMEYER.**—*Treatment of Acute Rheumatism. Maxims of Military Surgery.* N. Amer. Med.-Chir. Rev., May, 1861.

Stromeyer finds keeping the patients cool to be of the greatest importance, administers nitrate and bicarbonate of soda to reduce the force of the pulse, and as soon as the tongue is moist and clean gives opium, which he believes to be the only intrinsically effective internal remedy for rheumatism. Calomel gr. j is 2dis horis given in acute heart affections, and leeches applied.

**MCDONALD, F. R.**—*Actea Racemosa in Acute Rheumatism.* Edin. Med. Jour., Oct.

The author gives m xxv—xl of the tincture ter die, and finds it very successful in all forms of rheumatism.

**SCHMIDT and STÜRZWEGE.**—*On the Influence of Arsenious Acid on Metamorphosis.* Moleschott's Untersuch. Brit. and For. Med.-Chir. Rev., Jan., 1861.

The authors found that small doses caused a considerable diminution in the excretion of CO<sub>2</sub> and urea, from 20 to 40 per cent.

**GUENEAU DE MUSSY.**—*Arsenical Baths in Chronic Rheumatism.* Gaz. des Hôpital, Aug. 10th, 1861. Brit. Med. Jour., Sept. 28th.

In the more chronic cases Gueneau de Mussy employs baths containing 100 grammes of carb. sod. with 1—2 grammes of arseniate of soda. In the more recent and acute the latter salt is used alone. Temporary increase of the articular affection is observed in some cases when the soda and arsenic bath is used, and may be avoided by omitting the soda. The baths are to be employed alternate days, or daily. The number of cases is not given.

**HERMANN, Jos.**—*The non-existence of Constitutional Iodism.* Cœster. Ztschr. f. prakt. Heilk., vii, 18—21, 1861. Schmidt's Jahrb., vol. 112, p. 19.

Hermann's observations on the action of iodine were made on the syphilitic patients at the Vienna hospital, who were exclusively treated with iodine. The secondary and tertiary forms of syphilis Hermann regards as chronic hydrargyrosis. The effects produced by the administration of iodine were the following:—(1) The quantity of the urine was increased, and its sp. gr. lowered, all the solids becoming considerably diminished. At the same time traces of albumen often appear in the urine, and pretty certainly foreshow that mercury will be detected by electrolysis. (2) In about 10 per cent. of the cases of chronic hydrargyrosis copious salivation occurs, and mercury is discovered in the saliva. (3) In about 5 per cent. of the cases sweating takes place. (4) In many cases cutaneous eruptions. (5) In some cases old cicatrices dissolve, and fresh ulcers form in consequence of the increased vital action induced by the iodine. (6) In rare cases non-exhaustive diarrhoea takes place. No symptoms have been observed corresponding to the acute or chronic iodism of Rilliet.

**PETRY.**—*Secondary Symptoms communicated by Tattooing.* Allg. Wien. Med. Ztg., v. 14, 1859. Schmidt's Jahrb., vol. 112, p. 44.

Nine persons, after being tattooed by a discharged soldier, had, after an interval of six to fourteen weeks, characteristic symptoms of syphilitic infection on the same part, followed by those of constitutional syphilis. The local affection was the indurated chancre, the general consisted of sore throat, eruptions, enlargement of the lymphatic glands, condylomata, &c.

**MULLEE, C.—*On the Influence of Mercurial Treatment of Syphilitic Parents on their Offspring.*** Wien. Med. Wochenschr., I, 1861.

Muller affirms that mercurial treatment is in no wise prejudicial, but the contrary, even when carried on during pregnancy. In eleven cases recorded by the author the children begotten after the treatment were healthy at birth, and remained so.

**PACCHIOTTI.—*Syphilis conveyed by the Vaccine Lymph to forty-six Children.*** Gaz. dell. Assoc. Med., Oct. 20th, 1861. Lancet, Nov. 16th.

G. C.—, at. 11 months, was vaccinated, being in good health, with lymph contained in a tube sent from Acqui. Ten days after, 46 children were vaccinated from G. C.—, and ten days later 17 more from one of the 46. Of the first 47, including G. C.—, 39 became affected with syphilis, and of the 17 seven. At the time of the report 7 had died, 3 were in danger, and 14 recovering under antisyphilitic treatment. Pacchiotti warns against using lymph contaminated with pus or blood, and advises careful inquiry as to the source of the lymph.

**BÄRENSPRUNG, V.—*Report from the Section and Clinic for Syphilitic Patients.*** Ann. d. Berl. Char., ix, I, 1860.

According to Bärensprung's experience, the proportion of cases of constitutional syphilis to those of chancre, has greatly diminished since mercurial treatment has been discontinued, viz., 180 : 114. Bärensprung adopts Bassereau's, Clerc's, and Ricord's view as to the non-syphilitic nature of the soft chancre. With regard to the primary syphilitic ulcer, he differs wholly from Ricord, stating (1) that the indurated chancre is not the cause, but actually the consequence of constitutional infection; (2) it does not appear until four weeks after infection; (3) the induration precedes the ulcer; (4) persons who are once syphilized are incapable of fresh infection. The commencement of the indurated chancre is not a pustule, but a small, low nodule, which ulcerates by forming a thin, soft scab on its surface. When it heals its cicatrix, after some months, quite disappears. It does not secrete pus. The induration of the inguinal glands is of the same character, inapt to suppurate. A soft-chancroid poison can be inoculated on the individual or on any person syphilized previously or not, that of the indurated cannot. Soft chancres have a tendency to multiply themselves by infecting adjacent excoriations, hard chancres remain single. The latter are always followed by constitutional syphilis, the former never, except in the not very frequent case where syphilitic poison and soft-chancroid poison are communicated simultaneously. This may happen, just as a gonorrhœa and a hard chancre may result from the same coitus. With regard to treatment, the soft chancre is to be dealt with as a mere local affair, the indurated requires general remedies, and is only worsened by cauterization. As to the contagiousness of secondary syphilis, Bären-

sprung regards Waller's experiments as quite affirmatively decisive. The opposite opinion rested on experiments made with soft-chancre secretion, which does not infect. Syphilis, as a rule, like the exanthemata, occurs only once. Admitting the rapidly curative action of mercury on almost all syphilitic symptoms, as one of the most striking therapeutic phenomena, Bärensprung has, nevertheless, abandoned its use. He avows that syphilis can be thoroughly cured without mercury, while under its use the disease is often rendered latent for months and years, and its complete cure delayed. Mercury also deteriorates the constitution and favours the development of destructive local affections. The non-mercurial treatment, in short, is slower, but surer. Starvation and Zittmann's decocation are the means he employs. Syphilization he thinks inadvisable.

BARTON, J. K.—*Case illustrating the power of Pot. Iod. to remove the Symptoms of Tertiary Syphilis.* Dublin Hosp. Gaz., Sept. 2nd.

Barton advocates the use of large doses of Pot. Iod. in cases of obstinate character.

POLAK.—*On the Use of Mercury as a Remedy for Syphilis in Persia.* Wien Med. Wochenschr., 36, 1860. Schmidt's Jahrb., vol. 109, p. 53.

Polak observed—(1) that after some stay in warm climates, a large quantity of mercury can be taken without apparent injury to the constitution; (2) that the bad consequences which have lately been ascribed to mercury are greatly exaggerated; (3) that mercurial inhalations are one of the most rapidly effectual means of administration, and highly recommendable; (4) that in warm climates syphilis, for the most part, can be radically cured; (5) that an individual thoroughly cured by mercury, though still bearing the scars of syphilis, may beget or bear quite healthy children.

HOFFMANN (Bayer Aerzt. Intell. Bl., 17, 1860). SIGMUND, K. L. (Wien. Ztschr., N. F. iii, 51, 1860). FIEBER (Wien. Ztschr., N. F. iii, 36, 1860). PAUL (Jahresb. d. Schles. Ges. f. vaterl. Kult, xxxvii, 1859). FRONMULLER (Würzb. Med. Ztschr., 1, 6, 1860). KALISCHER (Berlin, 1860).—*On Syphilization.* Schmidt's Jahrb., vol. 111, p. 53.

Hoffmann attempts to compare smallpox and syphilis. Sigmund states his experience of fifteen cases, which goes to show that syphilization is inferior to other curative measures; it causes the disappearance of the symptoms, and improves the general health, but does not prevent relapses. Sigmund agrees with Paul, that when the successive inoculations have ceased to produce any effect, results are again obtained when the inoculations are resumed after a certain interval. Fronmüller warmly advocates syphilization as a specific against constitutional syphilis, and Kalischer seconds him.

JELTSCHINSKY (Leipsig u. Heidelberg, 1860). MONIGETTI (Med. Ztg. Russl., 47, 48, 1860). KAMINSKY (Med. Ztg. Russl., 48, 1860).—*On the Cure of Syphilis by Vaccination.* Schmidt's Jahrb., vol. 111, p. 55.

Jeltschinsky does not consider vaccination as a specific in syphilis; it

has no dynamic or chemical action on the poison. It provokes a general reaction in the body, and rouses the dormant powers of the system to contend with the poison. Monigetti thinks Jeltschinsky's procedure severe, inefficient, and somewhat dangerous. Kaminsky defends vaccination. A. Guérin, the reporter of a French commission to investigate the question, considers the antisyphilitic power of vaccination as a myth.

**VIENNOIS.**—*On Syphilis from Vaccination.* Gaz. des Hôpit., Sept., 1860.  
Edin. Med. Journ., Jan.

Vaccination of a person in whom syphilis is latent may cause the development of constitutional eruptions. Vaccination of a healthy person with lymph from a syphilitic, unmixed with blood, produces only the vaccine vesicle. But if the lymph be mixed with blood, syphilis is also communicated, and appears at the point of inoculation in the form of an indurated ulcer resembling true chancre.

**SIGMUND.**—*On the use of Sarsaparilla in Syphilis.* Wien. Ztschr., N. F. iii, 1, 1860. Schmidt's Jahrb., vol. 110, p. 45.

Sigmund has tried sarsaparilla carefully in recent and chronic gonorrhœa, in primary syphilitic ulcers, in secondary ulcers, and eruptions in disease of the throat and periosteum, and comes to the conclusion that this remedy, used by itself alone, does not exercise the slightest demonstrable influence on the course and issue of these various forms of disease. Zittmann's decoction he finds to act quite as beneficially when the sarsaparilla is omitted.

**LAUBER and KRAUS.**—*Cases of Secondary Syphilis.* Bayer. Aerztl. Intell. Bl., 52, 1860. Wien. Ztschr., 24 and 31, 1860. Schmidt's Jahrb., vol. 110, p. 47.

Lauber's case is a striking instance of the curative effect of mercurial inunction. Kraus's refutes the notion that secondary syphilis is the result of mercurial treatment.

**GALLIGO.**—*On Syphilis.* Gaz. Hebd., vii, 1860. Schmidt's Jahrb., vol. 109, p. 306.

Galligo does not think that Ricord's views can be adopted as invariably true. Thus he affirms that a soft chancre may be followed by syphilis, and a hard chancre (untreated) by none, that *bubons d'emblée* may be followed by constitutional syphilis, that gonorrhœa may in rare cases give rise to syphilis, and that secondary affections may in exceptional cases be communicated.

**HERMANN, Jos.**—*Report of the Patients treated during the year 1858-59 in the Syphilitic Wards of the Vienna Infirmary.* Spital Ztg., 1-9, 1860. Schmidt's Jahrb., vol. 109, p. 306.

Hermann makes out that the non-mercurial is much more speedy and successful than the mercurial treatment; that no relapses occur; that cutaneous eruption is much more frequent and severe in patients who have taken mercury; that serpiginous ulcers, pustules, and bullæ, general glandular enlargement, periostitis and caries, alopecia and cachexia, are not the results of syphilis, but of mercury. In eighty-four cases 146 analyses were made to find whether mercury was present in the system.

It was detected seventy-five times in thirty cases in the urine, saliva, tissues, or secretions. Hermann believes it is not always eliminated by the same channel.

VIVENOT.—*On the Influence of Changes in the amount of Pressure exerted by the Air on the Human Organism.* Virch. Arch., xix, 5 and 6. Schmidt's Jahrb., vol. 109, p. 335.

Diminution of the air-pressure causes increased evaporation and oxydation, accelerates the pulse and breathing, causes dilatation and even rupture of the vessels, a feeling of weariness, and diminished secretion of urine. Increase of the air-pressure (in a compressed air-bath) slows the pulse and respiration, diminishes the pulmonary and cutaneous exhalation, but increases in consequence the urinary secretion, and prevents congestion of the parts on which it acts. Vivenot concludes, on the whole, that the barometric variations which ordinarily occur produce no effect, objective or subjective, on the human system *per se*, but that the attendant changes in the temperature, degree of humidity, and currents of air, are much more effective.

TOULMIN.—*On the Pathology of Cholera, with an Exposition of the Causes that necessarily render all Medicine inoperative in that Disease.* Lancet, Aug. 17th.

Toulmin believes that all metamorphosis of tissue is arrested in consequence of the "absolute cessation of the circulation of the blood," so that no medicine can be absorbed and become active. He recommends that the patient should be packed in a wet sheet and allowed to drink water freely. His remarks specially refer to the stage of collapse.

DELVAUX.—*On the Employment of Cajeput Oil.* Med. Times and Gaz., Aug. 17th. Presse Méd. Belge, 1861, Nos. 12, 13, 17, 23, 25, 30.

Delvaux finds it very useful in various forms of chronic rheumatism, especially such as occur in persons who have resided in hot and humid climates, in whom the digestive canal has become involved in the disorder, and who are much emaciated. It is also very useful locally applied in acne rosacea, pityriasis, and psoriasis.

LUDWIG, C.—*The Effects of Baths.* (Ester. Ztschr. f. prakt. Heilk., vi, 5, 6, 1860. Schmidt's Jahrb., vol. 111, p. 161.)

With respect to the *direct* effects of baths, Ludwig arrives at the following conclusions:—(1) that baths inducing perspiration act more powerfully at first than they do after the person has been in them some time; (2) that the animal body loses most water by evaporation in a warm, dry, moving atmosphere; (3) that the loss of heat is probably considerably greater at the same low temperature of the surrounding medium when the skin immediately before has been artificially warmed, and less when it has been cooled previous to entering the cold medium; (4) the bath alters the excitement and the excitability of the cutaneous muscular tissue directly by its temperature, as well as (5) the excitability of the sensory nerves. As to the *reaction* of the direct effects of the bath on the general system, notice is first taken of the altered condition of the cutaneous vessels, which may be either contracted (by the cold) or dilated (by the warm bath). In the first case accumulation of blood will take place in

internal capillary tracts, but it will depend on the state of the respiration and circulation whether this increased amount of blood move slowly or rapidly. In the second the amount of blood in internal parts will be diminished. These changes in the circulation probably affect both the transposition of organic atoms and their oxydation. (2) Ludwig considers that the variations of evaporation and perspiration will affect the urine, and when its aqueous part is diminished cause further chemical changes in the retained matters. (3) The reflex effect of loss of heat must affect the oxydation of the body, which must increase if the temperature is maintained in spite of cooling. If the rate of cooling is diminished the temperature of the blood will rise, unless the oxydation diminish. (4) Stimulation of the sensory nerves will influence the nervous centres, and through them the various internal organs. (5) Bathing affords a means of modifying the excitability of the cutaneous muscles, and consequently lessening the changes of the circulation thereby induced.

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DUSCH, V.—*Report of the Medical Polyclinic at Heidelberg from 1857 to 1859.* Arch. f. Wissensch. Heilk., vi, 1861. Schmidt's Jahrb., vol. 112, p. 171.

Dusch states that pertussis prevailed twice epidemically, and gradually passed into measles. In many cases this transition was marked by the appearance of a measly exanthem, attended with conjunctivitis and coryza, which at first was neither severe nor extensive, and very transitory, scarcely excited general symptoms, and did not stop the progress of the hooping-cough. According as the latter became less prevalent the exanthem appeared in those children who had not been attacked by it, and became gradually more severe and extensive, was attended with a more profound feeling of illness, and finally passed into fully developed measles. Dusch coincides in Buhl's views as to the origin of miliary tuberculosis of the lungs from tuberculous bronchial glands.

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*Report of the Public Health in Norway.* Christiania, 1859, 1860. Schmidt's Jahrb., vol. 112, p. 236.

In the parish of Hvalörne in 1857 there was an epidemic of quartan ague during August, the weather having been very hot during the two previous months. Large doses of quinine, six to eight hours before the attack, were most effective. In children aged from seven to ten years the fever was especially obstinate. The causes of *spedalskhed* are described as the influence of the sea-air and of the bad hygienic conditions prevalent among the residents of the coast. Their dwellings are damp, low, dark, small, and dirty; their clothing is insufficient; the state of their skin neglected; and their food wretched, scanty, and badly cooked. Hereditary tendency and infection exert also some influence, but are not the essential causes. Improvement of the hygienic conditions of the population appears to be the most hopeful means of preventing the disease, and for this purpose a better system of education and instruction is much recommended.

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*Medical Report of the Royal Imperial Hospital at Vienna for 1859.* Wien, 1860. Schmidt's Jahrb., vol. 112, p. 248.

A chart is given of the course of the six most important forms of disease, viz., typhus, pulmonary and digestive catarrh, pneumonia, variola, and ague. Compared with former years, this shows (1) that almost all the forms on the present occasion culminated together in the winter of 1858 and 1859, but soon subsided, and from March remained at a very low figure; (2) that the almost constant increase observed at the approach of winter in former years (excepting 1853) did not occur, and that after a slight autumnal increase all the forms extraordinarily diminished. Dysentery prevailed much, and was very intractable in August and September. A case of sanguous inflammation of the pancreas, and one of the liver, are recorded from their rarity. In cases of variola water dressing to the pustulating surfaces was beneficial. The covering, however was ill-borned on the face, and in consequence the plan was devised of continually irrigating the whole body with lukewarm water. In scarlatina ice pills and cold external applications were found useful in severe angina tonsillaris. Psoriasis was treated very successfully by baths, washing with sulphuret-of-lime lotion, subsequent tarring, and arsenic internally. Prurigo patients spent two hours a day in the bath, used the S: Ca. lotion, and were wrapped in Ol. Morrh. dressings at night. Eczema was treated, if the skin was infiltrated, by frictions with *schnier-soap*, if not by tarry, cod-oil, or cold-water dressing. Sigmund's experience of syphilization leads him to doubt of the advisability of employing it. Relapses occur after this, as after other remedial procedures.

ORMEROD, E. L.—*Notes on Diphtheria as observed at Brighton.* Lancet, Dec. 7th, 21st.

Ormerod states that inflammatory affections of the fauces during the last eight years have risen from 0·3 to 4·4 in private, and from 1·1 to 3·0 per cent. in hospital patients (croup, laryngitis, and syphilitic sore throat being excluded). Children are mostly the subjects of diphtheria, and among them the weakest, and specially those who are adopted. Bad ventilation appears to have more to do in causing diphtheria than bad drainage. Ormerod distinguishes—(1) the form with well-marked membranous exudation; (2) that characterised by swelling, ulceration, and sloughing, where exudation may or may not exist; and (3) a quinsy-like affection. These forms in many instances are more or less blended together. After describing the general course of the disease, Ormerod notices the danger of sudden fatal collapse, from overtasking the powers of any important organ or the system at large. He mentions three fatal cases of this kind. That the disease is different from scarlatina Ormerod is convinced, but he is equally clear that the two have much in common. Fresh air, and common wholesome food he believes to be the best preventives, and that anything in the way of over-delicate nurture predisposes to it. Ventilation, especially of the sleeping-apartment, he considers most important, as well as domestic cleanliness. The treatment of the patient, if seen early, he commences with an emetic of ipecacuanha and zinc and a purge. It is, however, necessary to resort speedily to tonics, quinine, iron, or ammonia. He prefers the former with nitro-hydrochloric acid. Stimulating liniments or fomentations to the neck are recommended, and chlorinated lotions to the throat.

BUDD, W.—*Diphtheria*. Brit. Med. Journ., June 1st.

Budd trusts, in the matter of treatment, to Beaufoy's undiluted solution of chlorinated soda applied to the affected part three or four times a day, with Tinct. Ferri Muriat. 3ss 4tis horis, and a generous diet. The chief point in his communication is that he insists strongly on the contagious nature of diphtheria, and the importance of adopting all possible precautions to prevent the disease being communicated to healthy persons by the excretions from the affected parts.

LIVINGSTON, R. R.—*Diphtheria and its Treatment*. Amer. Med. Journ., Feb. 9th.

Livingston distinguishes between a sthenic and asthenic form of the disease, and directs his treatment accordingly. He is sure it is contagious.

CLARK, A.—*Lectures on Diphtheria*. Amer. Med. Times, March 23rd, 30th; April 6th, 13th, 20th, 27th; May 4th.

Clark describes the false membrane as consisting of cells and granules, imbedded either in a woof of fibrils or in an homogeneous medium. The vegetable spores found in it he regards as accidental productions. The disease, after it had prevailed some time, no longer commenced regularly with acute symptoms, but often very insidiously. Death in some cases ensued from prostration apparently of the heart's power, the general muscular force not being much impaired. The occurrence of paralysis is illustrated by various examples, and it is shown that apparent amaurosis may really depend on paralysis of the adjusting muscular apparatus. Clark thinks that precautions should be used against the communication of the disease by contagion. The age at which diphtheria is absolutely and comparatively most fatal is from three to ten years, the mortality increases from the first to the third year, and diminishes after the tenth. Clark strongly opposes the tendency of the French writers to consider true croup and diphtheria as the same disease. He also separates the latter from scarlet fever. The plan of treatment is to support the system till the peril passes by. Of the efficacy of local applications he is doubtful.

EDDIE, W. H.—*On Diphtheria and its associated Diseases, as they appeared at Barton-upon-Humber and the neighbourhood in the years 1858 and 1859*.

The character of the disease varied much; even in the same family one member would have it very mildly, while in others it was most malignant. In some cases death ensued in a few hours from complete prostration of the vital powers. In some haemorrhage took place from the throat, and destroyed life. At its commencement the disease seemed intimately connected with scarlatina, but subsequently the distinctness of the two affections was very apparent. One form of the disease Eddie terms the cutaneous, from the occurrence of eruption on the skin, either as large bullæ or ectymatous pustules. Another form presented the phenomenon of purpura, petechiae on the skin, and blood in the stools and urine. Paralysis occurred as a sequel in some cases. The usual treatment was adopted.

NEWMAN, W.—*Diphtheria*. Brit. Med. Journ., Sept. 14th.

In six months of this year, January to June inclusive, Newman has met with 35 cases of diphtheria, 12 sporadic with 2 deaths, 23 endemic with 5; Six of the seven deaths occurred in children under ten years of age. Only three of the cases belonged to the better-circumstanced classes. In two cases, both fatal, considerable haemorrhage took place. In one case incomplete paraplegia supervened. Unfavorable hygienic circumstances aggravated the disease.

WALKER, J. W.—*The Treatment of Diphtheria.* Brit. Med. Journ., Dec. 21st.

Walker gives the following mixture, stating that he considers guaiacum as the remedy *par excellence* for diphtheria. Pot. Chloratis 3iv, Tinct. Cinch. co. 3ss, Tinct. Guaiaci co. 3iv—3vj, Mellis q.s., Aqua ad 3vij. M. 3j ad 3ss vel 3j o. horæ, vel 2dis vel 3tiis vel 4tis vel ter die.

HIRTZEL.—*Clinical Observations on different preparations of Aconite, Henbane, Belladonna, Stramonium, Conium, and Digitalis.* Gaz. de Strasburg, 1, 1861. Schmidt's Jahrb., vol. III, p. 18.

Hirtzel selects those parts of the plants which he believes to contain most of the active principles (the roots of aconite and belladonna, the seeds of conium, digitalis, henbane, and stramonium); prepares from these, reduced to powder, a spirituous extract, which is evaporated, again dissolved in alcohol, and again evaporated. The extract of aconite root thus obtained is twenty-five times as strong as that of the leaves; that of belladonna root is five times as strong as that of the leaves; the extract of conium seeds is twenty times as strong as that of the leaves; those of digitalis and henbane seeds are ten times as strong as those made from the leaves; that of stramonium seeds is five times as strong as that of the leaves.

OPITZ, E.—*On Scurvy.* Prag. Vjhrschr., lxix, 1861. Schmidt's Jahrb., vol. III, p. 33.

Opitz describes with considerable detail an epidemic of scurvy which prevailed in 1852 among the Austrian troops forming part of the garrison of Rastatt, and remained almost confined to them. Out of 4300 men 610 were attacked, 497 by primary scurvy and 113 by scurvy consecutive to ague and eye catarrh; the deaths were 25. The epidemic prevailed especially from April to June. The year was wet, and there was much water round the fortress, which occasioned a damp and cold state of the atmosphere. To this and to the impure air of the overcrowded barracks the author thinks the disease is chiefly attributable. In eleven cases, all that were bled, the blood was alkaline; in one febrile case the fibrine, blood-globules, and iron, were abundant, but the albumen and salts diminished. In the symptoms, pathological appearances, and treatment, there is nothing unusual.

CLEBORNE, C. J.—*Experiments to determine the Effects on the System of the Asclepias Syriaca.* Amer. Journ. of Med. Sc., July.

Cleborne finds it to be a stimulant tonic, a diuretic and aperient, alterative and anthelmintic. Doses of 3ss quater die caused violent vomiting.

**HOMOLLE.**—*On the External Employment of Simple Sulphate of Alumina and of Sulphate of Alumina and Zinc.* Ann. de Thér., 1861, p. 288.

Homolle finds the above remedies to act as modifying agents, whose mode of action is intermediate between that of cathartics and caustics. The experience of fifteen years has proved to him their utility as topical applications in various maladies, among which he specially notices angina of the throat and tonsils, and certain affections of the neck of the uterus. In ulcerated cancer these salts have a special action, arresting or modifying its progress, acting at once in this particular instance as caustics, disinfectants, and haemostatics. They are often more successful than narcotics in calming the pains of cancer, and they notably retard the development of the cachexia.

**MITCHELL, S. W.**—*On the Treatment of Rattlesnake Bites, with experimental criticisms upon the various remedies now in use.* N. Amer. Med.-Chir. Rev., March, 1861.

Mitchell points out, first, various fallacies in regard to the use of antidotes of all kinds. These depend on the circumstance that the bite of the snake is by no means always effective, either no sufficient wound being made or the venom not being injected. (2) He shows that we are very liable to fallacy in judging of the value of antidotes, inasmuch as the great majority of bitten persons recover. Of fifty-seven cases reported in the journals only five died. The qualities of the venom are stated as follows:—"It is a yellow, albuminous fluid, of an acid reaction; sp. gr. 1044, and coagulated by a heat of 140° to 160°. Its toxic activity is unaffected by freezing, by acids, alkalies, alcohol, or by drying, and but little, if at all, by boiling. It contains two albuminous substances, one coagulable by boiling, the other, containing the active element of the venom, by alcohol only. The symptoms and pathological changes that occur after poisoning are described in considerable detail, and illustrated by experiments on animals. The efficacy of various therapeutic measures are fully examined, and among them of Bibron's antidote. Mitchell states that only three out of eight dogs to whom it was given after the bite recovered. Iodine injection into the bitten part was, however, found to prevent the occurrence of the usual local phenomena, such as swelling, ecchymosis, haemorrhage, &c. Tannin had the same effect. The constitutional action of the venom, however, remained. The use of the ligature (intermittingly), incisions, the actual cautery, and free stimulation, seem to be the best means of counteracting the poison.

**DUCHEK, A.**—*On Scurvy.* Wien. Ztschr. Med. Jahrb., xvii, 1, 1861. Schmidt's Jahrb., vol. 110, p. 298.

Duchek objects to Garrod's view, that the cause of scurvy is a deficiency of potash in the blood, the results of six examinations. He found in all these patients that the potash and soda, as well as all the constituents of the urine, diminish during the increase of the disease. The potash, however, was notably less diminished than the soda.

*Citric Acid in Acute Rheumatism.* Report. de Pharmacie, Jan., 1861.

3ss o. hora, day and night, produced rapid improvement in forty-three out of forty-five cases.

*Animal Baths.* *Oesterrh. Ztschr. f. prakt. Heilk.*, vi, 36, 1860. Schmidt's Jahrb., vol. 109, p. 37.

The contents of the first stomach of recently killed animals are poured into a tub in which the bather sits, the temperature being maintained or elevated by the introduction of steam. Arthritic, rheumatic, and strumous affections, sprains, periostitis, contractions, and various other diseases, are said to be treated in this manner with great advantage.

*Phosphate of Ammonia in Rheumatism.* *Deutsch Klinik*, 34, 1860. Schmidt's Jahrb., vol. 109, p. 175.

Bergson has found this remedy efficacious when others have failed. He gives 3ij in 7 oz. of vehicle daily.

*Arseniate of Soda in Scrofulosis.* *Bull. de Thérap.*, lix, 1860. Bouchut recommends this remedy strongly.

*Extract of Olive Leaves (spirituous).* *Ann. de Thérap.*, 1861, p. 187. Found effectual in agues, neuralgias, and hectic fever.

*Glycerole Chlorate of Potash.* *Ann. de Thérap.*, 1861, p. 114. Recommended as a topical disinfectant of unhealthy wounds.

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HASSE.—*Exposition of the Diseases of the Nervous Apparatus from the Anatomico-pathological point of view.* Second half of the first division of vol. iv of Virchow's Manual of Special Pathology and Therapeutics. Erlangen, F. Enke, 1859.

CALMEIL.—*Treatise on the Inflammatory Diseases of the Brain.* Paris, J. B. Ballière and Son, 1859. Canst. Jahrb., vol. iii, p. 2.

KOEHLER, H.—*Monograph of Spinal Meningitis from Clinical Observations.* Leipzig and Heidelberg Winters Verlag., 1861. Canst. Jahrb., vol. iii, p. 16.

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SELLIER, EM.—*On the Nature and Seat of certain isolated Palsies of Sensibility.* Thesis, Strasbourg, 1860. Ib.

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CHILD, G. W.—*Extensive Softening of the Left Posterior Lobe of the Brain, with Symptoms like those of Delirium Tremens.* Ib.

- VOGT, W.—*On Cerebral Apoplexy, and its Treatment.* Schw. Mon. Schr., v, 1860. Schmidt's Jahrb., vol. III, p. 295.
- GOMEZ DE VALLE.—*Two Cases of Acute Ascending Paralysis.* L'Union, 13, 1861. Schmidt's Jahrb., vol. III, p. 299.
- DONALDSON.—*Case of Tetanus treated by Stimulation; recovery.* Madras. Q. Journ. Lond. Med. Rev., Aug., 1861.
- DUPUY and PESCHEUX.—*Traumatic Tetanus treated successfully by Sub-cutaneous Injections of Sulphate of Atropine.* Gaz. Méd. de Lyon, May. Journ. de Progrès, 16. Canst. Jahresber., vol. iii, p. 46.
- BUCHANAN and WATSON.—*Cases of Traumatic Tetanus—(a) with Valerian, died; (b) with Cannabis Indica, recovered.* Glasgow Med. J. Jan., 1861.
- REID, JOS.—*On the Treatment of Tetanus by Liquor Potassæ.* Lancet, Jan. 29th.
- GRANTHAM, J.—*Case of Idiopathic Tetanus.* Med. Times and Gaz., March 9th.
- CRANE.—*Cases of Idiopathic Tetanus treated by Belladonna internally and by subcutaneous injection of Atropine; death.* Med. Times and Gaz., March 9th.
- CONWAY.—*Traumatic Tetanus cured by Tartarized Antimony in large doses (2 cases).* Bullet. Génér. de Thérap., May 30th, 1860. Brit. and For. Med.-Chir. Rev., Jan., 1861.
- WELLS.—*Chronic Trismus in a Child; Absence of the "arbor vitæ" of the Cerebellum.* Brit. Med. Journ., Dec. 21st.
- DURRANT, C. M.—*Case of Chorea from Fright, in a Child.* Brit. Med. Journ., Oct. 12th.
- LABRIE.—*Case of Chorea (severe), successfully treated by large doses of Tartar Emetic.* Lond. Med. Rev., 1861.
- PARIS, H.—*Case of Rebellious Chorea cured by the application of Flying Blisters to the Neck.* Gaz. des Hôpits., 57. Canst. Jahresber., vol. iii, p. 41.
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- Five Cases of Chorea, one fatal.* Lancet, March 2nd.
- HANDFIELD JONES.—*Cases of Chorea.* Brit. Med. Journ., Jan. 5th.
- MOSLER.—*On (a Case of) Chorea preceding the appearance of the Catamenia.* Deutsche Klinik, 30, 1860. Schmidt's Jahrb., vol. 109, p. 45.
- ELLIS, R.—*On a Case of Chorea.* Lancet, June 1st.
- LONG.—*On the Comparative Value of the Antimonial and Arsenical Treatment in Chorea (latter succeeded best).* Bullet. Général de Thérap., Oct. 15th, 1860.
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- HORNING.—*Epilepsy cured by severe Counter-irritation; Inflammation and Gangrene from Tartar-emetic Ointment.* Berliner Med. Ztg., No. 13. Canst. Jahresber., vol. iii, p. 74.
- LALOR, J.—*Cases of Death in Epilepsy from Suffocation, caused by the Regurgitation of Food from the Stomach into the Larynx.* Journ. of Mental Science, Oct., 1861.

- DEMEAUX.—*On Drunkenness considered as a Cause of Epilepsy.* Monit. des Sc. Méd., No. 120. Canst. Jahresber., vol. iii, p. 21.
- RABÈ.—*Epileptoid Attacks, Hemiplegia caused by an Insect in the External Auditory Meatus.* Gaz. des Hôpit., 123. Canst. Jahresber., vol. iii, p. 21.
- Eight Cases of Epilepsy associated with Syphilis.* Med. Times and Gaz., June 22nd, July 20th.
- CROSBY, T. B.—*Report of a Case of Epileptiform Convulsion; death. Deposit of bone on the surface of the brain; rupture of aneurism of the basilar artery; history of hydrocephalus in early life; cure by paracentesis capitis.* Med. Times and Gaz., Aug. 3rd.
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- MEYER, L.—*On the Import of the Pacchianian Granulations.* Virch. Archiv, xix, 1, 2, 3, 4, 1860. Schmidt's Jahrb., vol. 109, p. 42.
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- HILLAIRET.—*Softening of the Cervical Enlargement of the Spinal Cord, with Motory and Sensory Paralysis of the Legs.* Gaz. de Paris, 32, 1860. Schmidt's Jahrb., vol. 109, p. 45.
- MAYER, A.—*The Import of Dorsal Pains in Diseases of other Organs, and in General Diseases.* Arch. d. Heilk., 1, 4, 1860. Schmidt's Jahrb., vol. 109, p. 47.
- MERRIMAN, S. W. J.—*Hydrocephalus of fifteen years' duration, Tubercles at the base of the Lungs only, Gangrene of one Lung.* Brit. Med. Journ., June 1st.
- SCHLEISS, V.—*Influence of the Nervous Force on the Process of Inflammation.* Bayer. ärztl. Intell. Bl., 5, 1860. Schmidt's Jahrb., vol. 109, p. 219.
- MEYER.—*On Electricity in the Treatment of Disease.* Med. Times and Gaz., June 8th.

- DE RICCI.**—*Case of Chronic Subacute Arachnitis.* Dublin Quart. Journ. of Med. Sc., May, 1861.
- LEGRAND DU SAULLE.**—*Case of extraordinary Neurosis; Catalepsy.* Annal. Med. Psychol., Jan. Canst. Jahresb., vol. iii, p. 77.
- PUTEGNAT.**—*On Spontaneous Hydrophobia.* Gaz. Hebdom., No. 23. Canst. Jahressb., vol. iii, p. 78.
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- PEACOCK.**—*Hysterical Contraction of Neck and Back; treatment by large doses of Sulphate of Zinc and Chloroform Inhalations.* Med. Times and Gaz., Dec. 21st.
- LIGEOIS.**—*Physiological Study of the Phenomena observed in a Female affected with Hysterical Paralysis.* Gaz. des Hôpital., 24. Canst. Jahressb., vol. iii, p. 78.
- MESNET.**—*Case of Somnambulism.* Arch. Génér., Feb. Canst. Jahressb., vol. iii, p. 78.
- PHILIPPSON.**—*Case of Idio-somnambulism.* Deutsche Klinik, 29. Canst. Jahressb., vol. iii, p. 78.
- LUIGI, C.**—*Hypochondriasis and primitive Spontaneous Chronic Dilatation of the Stomach.* Gazz. Med. Ital. Stati Sardi., 12—16. Canst. Jahressb., vol. iii, p. 84.

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**SIEVEKING.**—*Clinical Remarks on Neuralgia.* Lancet, Jan. 12th, 19th, 26th; Feb. 2nd, 9th.

Sieveking remarks that neuralgia is essentially a disease of middle life, prevailing most in the fourth decennial period. Out of sixty-five cases thirty were males. He gives several cases illustrating the usual modes of treatment.

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**BEDFORD BROWN.**—*Effect of Chloroform on the Cerebral Circulation.* Amer. Journ. of Med. Sc., Oct., 1860. Brit. Med. Journ., Jan. 5th.

Brown found, during the inhalation of chloroform, the exposed brain of a boy, æt. 10, to become anaemic and shrunken, while previously it had been florid, injected, and bulging.

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**DYCE DUCKWORTH.**—*Observations on the Physiological Action of Aconitina.* Brit. Med. Journ., March 2nd.

Duckworth considers that, as a rule, the pupil is more or less contracted, dilating enormously a few moments before and at the time of death. The mode of death, when a large dose is given, is either by direct cardiac syncope or by a powerfully sedative impression on the nervous system, the action of the heart ceasing, and no convulsions taking place. With smaller doses the heart's action is gradually enfeebled, and the pulmonary and systemic circulation go on very slowly, while the respiration becomes slow and the venous system engorged.

TROUSSEAU.—*On Apoplectiform Cerebral Congestion.* L'Union Méd., Jan. 17th, 22nd, 31st, and Feb. 7th. Brit. Med. Journ., March 16th.

Trousseau has been gradually led to the conclusion that in the cases to which this term is commonly applied there is no cerebral congestion at all, but that the phenomena are of an epileptic nature, or even allied to syncope. The symptoms in the cases alluded to are as follows:—A man suddenly falls down as if stricken by apoplexy, is taken up in a state of stupor, and for a quarter of an hour, or even longer, remains more or less in the same condition; or there may be sudden giddiness, loss of sight and speech, and staggering, which pass away in a few seconds or minutes.

ALDERSON, J.—*Case of Clot in the Cerebellum.* Brit. Med. Journ., March 23rd.

In this case there were no symptoms except intense boring pain in the occipital region and constant bilious vomiting. Within two hours of her death she was perfectly sensible. The pain set in suddenly fourteen days before death.

THAMHAYN, O.—*Report on Tetanus, embodying the most recent Researches.* Schmidt's Jahrb., vol. 112, pp. 210—234.

Thamhayn has collected from various sources 778 cases, and from these he deduces inferences and conclusions as to the main points in the history of the disease. He seems to estimate highly the researches of Rokitansky and Demme as to its pathological anatomy, which he thinks explain many symptoms, though they have not revealed the cause of the disease. The zymotic view of its nature seems to him most probable, the poison being generated in the wound or in the system. In the way of treatment he finds nothing new to recommend; in particular, curare has not, in his opinion, yet established its claim to be used as a remedy.

MEADOWS, D.—*A Case of Tetanus of nearly fourteen months' duration.* Med.-Chir. Trans., 1861.

Meadows's patient was a strong fisherman, set. 36, who had been kicked on the back of the neck during a quarrel about two months before the symptoms began. No trace of any injury was visible. Sedative treatment, which was of much avail for some time, lost its effect, and he died in a paroxysm. The brain was sound, there were several spots of effused blood on the cord, and a flattened clot, not recent, about the size of a sixpence, was found on the front of its cervical portion, opposite the fifth vertebra.

FLECHNER, A. E.—*Three Cases of Tetanus.* Oesterrh. Ztschr. f. prakt. Heilk., 13, 15. Canst. Jahresber., vol. iii, p. 46.

In these fatal cases Flechner found in the spinal cord those new growths of connective tissue described by Demme and Rokitansky (*vul* 'Year-book' for 1860). The lateral and anterior parts of the cord were chief seat of the deposit.

TROUSSEAU.—*On Tetanilla.* Gaz. des Hôpit., No. 44. Canst. Jahresb., vol. iii, p. 49.

Under the above name Troussseau describes a paroxysmal disorder preceded by formication, and consisting in contraction of the hands, arms, or lower limbs, one or all being affected, unattended with pain or fever. This is the mildest form, but in graver the whole body becomes involved, and the condition merges into tetanus. The fingers are invariably drawn up into a cone. The duration of the disease is from ten to fourteen days. Troussseau regards the disease as of rheumatic character; its most frequent exciting causes are diarrhoea and lactation. Death has only occurred in one case. Venesection, if the strength permit, followed by quinine, is the best treatment.

McDOWELL, R.—*Tetanus in Central America.* Lancet, Sept. 7th.

McDowell mentions that the disease is very fatal in these regions, and that there is a popular conviction that it is always induced by exposure to currents of cold air or to wet.

WOAKES, E.—*Case of Traumatic Tetanus, successfully treated by Tinct. Aconiti; with suggestions on the use of Aconite in Strychnine Poisoning.* Brit. Med. Journ., Oct. 26th.

Woakes recommends aconite on the ground of its establishing an exactly opposite physiological condition to that which exists in tetanus, one, that is, of muscular repose, while its anodyne influence is undoubtedly advantageous. It is no antidote to strychnia in the sense of chemically destroying it, but as a neutralizer of its action, the contractile power of the muscles being strongly excited by the one and powerfully relaxed by the other. While aconite is being administered the system should be supported by stimulants.

HANNA THOMPSON, W.—*The Pathology of Tetanus.* Amer. Med. Times, Feb. 2nd and 9th.

Thompson argues that tetanus results from the action through the circulation, in the nervous system, of a poison which, in traumatic cases, is generated during the processes of healing or decomposition of the fluids about the wound. This poison multiplies itself like other zymotic poisons, till an explosion of symptoms occurs. He thinks the disease very analogous to hydrophobia. Medicines which act on the blood, as mercury, iron, or iodine, are, in his opinion, the best remedies.

SIEVEKING, E.—*Analysis of fifty-two Cases of Epilepsy observed by the Author.* Med.-Chir. Trans., 1861.

There were 29 males and 23 females; 37 were below the age of twenty-one (dating from the time of the first paroxysm), 10 were from twenty-one to forty, and 5 from forty-one to sixty-eight years old. Hereditary taint was traced in 14. In 13 no predisposing or exciting cause could be detected; in the remainder uterine disorders or some exhausting affection were noted in the majority. Premonitory symptoms were observed in 21 cases, headache in 23. The tongue was bitten in 28. In the urine there was nothing peculiar.

GRAY, E. B.—*Case of Epilepsy, with loss of Speech and other complications; recovery.* Med. Times and Gaz., Nov. 9th.

The fits occurred almost every hour of the day and night, were rather

of the *petit mal* kind, and seemed attributable to excessive mental exertion. Their recurrence seemed to be promoted by the recumbent posture. After four months they gradually ceased, pustulation of the neck having been induced by antimonial ointment. Gray believes that the cause of the fits was vascular congestion and disordered function of the medulla oblongata.

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AYRES, D.—*On a Case of Epileptiform Convulsion.* Med. Crit. and Psycholog. Journ., Oct., 1861.

Ayres's case had received a lacerated wound from a stone over the right frontal eminence, which left an indurated cicatrix. After the accident his temper became greatly altered—morose and irritable; he had vertigo and headache, and some dragging of the left leg. Occasionally he lost consciousness and fell. No treatment was of any avail, but, after trephining over the seat of the injury and removing a piece of *healthy* bone, recovery ensued. Ayres explains the good result of the operation on the view that it removed the irritation existing in the cicatrix, which had always been the seat of painful sensations before the vertigo.

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JAKSCH.—*On Chorea.* Prager Vierteljahrsschr., vol. ii. Canst. Jahressb., vol. iii, p. 41.

Jaksch says that chorea essentially consists in a disturbance of the law of isolated conduction of nervous impulses. The will acts not only on the muscles necessary to execute the intended act, but upon others also. The more complex is the muscular act, the more extensive are the involuntary movements. The essential concernment of the will is apparent from the cessation of the movements during sleep.

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TURNBULL, J.—*On the Physiological and Medicinal Properties of Sulphate of Aniline, and its use in the treatment of Chorea.* Lancet, Nov. 16th.

Turnbull records six cases, two of them very severe ones, in which the drug effected a cure. He has tried it also in epilepsy and in a case of jerking of the head with benefit. It produces, after several doses, a peculiar blueness of the lips, the tongue, and the nails, and a dusky appearance of the complexion, which disappears within twenty-four hours after leaving off the medicine. Turnbull believes this effect to result from the production of a blue dye during the oxidation of the aniline in the blood, in the same way as carbazotic acid produces a yellow.

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DUCHENNE.—*Progressive Muscular Paralysis of the Tongue, Soft Palate, and Lips.* Gaz. Hebdom. de Méd. et de Chir., Jan 18th, 1861. Lond. Med. Rev., Feb., 1861.

The muscles of the tongue are generally first affected; some months later those of the soft palate, and after them the orbicularis oris. At a later period paroxysms of dyspnoea and of syncope supervene, and become more frequent as the end of the disease approaches. Before this arrives articulate speech is wholly lost, as well as deglutition, and the patients become gradually weaker from inanition. The shortest duration observed

is one year, the longest three. No treatment has as yet been of any avail.

**DUCHENNE.—*On Functional Cramp and Functional Paralysis of Muscles.***

Bull. de Thérap., lviii, 1860. Schmidt's Jahrb., vol. 111, p. 299.

Duchenne gives these names to a disease, which is characterised either by lasting, painful, or painless contractions, or by clonic spasm and tremulous movements, or by paralysis. The commonest example of it is the "writer's cramp," but it may appear in any part where the muscles are over-exerted. Instances are given of its affecting the arm, the foot, and even the abdominal muscles. It is distinctive of the disorder that it only shows itself when certain voluntary or habitual movements are made. Duchenne is inclined to consider the actual seat of the disorder to be, not in the affected muscles, but in some point of the nervous centres. Local Faradization is unavailing in most cases, and no other treatment is more successful. The prognosis is consequently unfavorable.

**DUCHENNE.—*Autopsy of a Case of Progressive Paralysis of the Tongue, Palate, and Lip.*** Gaz. Hebdo., viii, 12, 1861. Schmidt's Jahrb., vol. 112, p. 26.

No change discoverable by the naked eye could be found in the brain or in the cord. The arteries at the base were atheromatous. The paralysed muscles were normal.

**HAUPT.—*On Writers' Cramp, with respect to Pathology and Treatment.***

Wiesbaden, 1860. Canst. Jahresb., vol. iii, p. 44.

Haupt adopts Zuradelli's view, that this affection depends primarily on a paralysis of certain muscles used in writing, and that the spasm of their antagonists is secondary. The disorder is associated with squinting, stuttering, choreal symptoms, and various other neuroses, and the rheumatic seem to be predisposed to it. Electricity to the palsied muscles, cold douches to the spine, regulated gymnastic exercises, are advised as remedies.

**TUPPERT, A.—*On the Treatment of Writers' Cramp.*** Aerztl. Intell. Bl., No. 24. Canstatt's Jahresb., vol. iii, p. 44.

Tuppert has obtained some benefit from dividing the tendons of the affected muscles, and recommends the early and constant employment of a bandage to the wrist.

**KLENCKE, H.—*The Cure of Stuttering.*** Leipzig, Kollmann, 1860. Canst. Jahresb., vol. iii, p. 43.

Klencke views this disorder as essentially dependent on a scrofulous habit or tendency. His method of cure consists in systematic exercise of the organs of speech. The patient must first learn to breathe regularly and deeply; then to practise the formation of sounds; and, lastly, they proceed to exercises in speech. In fifteen years he has cured 146 out of 148 cases.

**FRIEDBERG.—*On the Semiotic Import of Involuntary Circular Movement (reitenbahngang), and on Involuntary Rotation on the Long Axis of the Body.*** Arch. d. Heilk., ii, 1861. Schmidt's Jahrb., vol. 112, p. 24.

Friedberg's conclusions are—(1) The two symptoms in question indicate an affection of the varolian crus cerebelli mostly combined with one of the hemispheres of the cerebellum on the same side; (2) it is not shown that the above symptoms appear when the cerebellar hemisphere alone is affected; (3) nor are the symptoms constant in cases of disease of the hemisphere and of its crus; (4) when other symptoms of cerebral irritation are present, the seat of the irritating cerebellar affection may be located on that side towards which the curve of the circular movement is directed, or from which the rotation starts; (5) when other symptoms of cerebral irritation are present we may look for the seat of a paralysing affection of the cerebellar hemisphere and its varolian crus on that side from which the curve of the circular movement starts, or to which the rotation of the body is directed.

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FRANQUE, V.—*On Hysterical Convulsions.* Würzb. Med. Ztschr., i, 5, 1860. Schmidt's Jahrb., vol. 110, p. 30.

From examination of seventy-three patients, Franque maintains that the convulsive attacks are always occasioned by determinate external causes, that they always set out from a determinate point, and follow a determinate direction, which is dependent on the physical and psychical idiosyncrasy of the patient. More than half were induced by psychical influences, the remainder by bodily affections.

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TARDIEU.—*On the Preventive Treatment of Hydrophobia.* Ann. de Thérap., 1861, p. 286.

Tardieu insists on the immediate use of the actual cautery as the sole reliable means of preventing the risk of fatal mischief.

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GULL, W.—*On Paralysis of the Lower Extremities consequent upon disease of the Bladder and Kidneys (Urinary Paraplegia).* Guy's Hosp. Reports, vol. vii, 1861.

Gull maintains that the symptoms of urinary affection are not the cause, but the consequence, of commencing disease in the nervous centre, just as gastric symptoms are often the first indication of cerebral disease. He insists strongly on the dependence of the normal functions of the sympathetic on the integrity of the spinal system. He further charges writers on the subject with accepting the mere muscular weakness often associated with prostatic and vesical disease for partial paraplegia. On repeating Brown-Séquard's experiments, Gull was unable to produce any contraction of the spinal vessels, which, indeed, are very scanty, by irritating the renal nerves, nor did paralysis ensue in the lower limb corresponding to that side on which the kidney was irritated or the supra-renal capsule removed. The recorded cases of urinary paraplegia show, in Gull's opinion, that it is the inflammatory condition of the affected organs which leads to paralysis, and not mere irritation. This inflammatory condition extends through continuous structures to the cord itself, and causes the paralysis.

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EACHEVERRIA, G.—*What is Reflex Paraplegia?* Amer. Med. Times, July 20th.

Echeverria, admitting that contraction of the blood-vessels of the cord

has an important share in the production of reflex paralysis, maintains that its over-excited excitability through the sympathetic has no less influence.

**GAIRDNER, LOCKHART CLARKE, ADAMSON, and BELL.**—*On an important Case of Muscular Atrophy, accompanied with Disease of the Spinal Cord.* Arch. of Med., Oct., 1861.

P—, æt. 65, suffered about five years before his death from neuralgic pains in the balls of the thumbs, which extended ere long to the forearms and arms. After some months marked weakness of the hands was apparent, as well as wasting of the muscles of the thumbs and index-fingers, which became habitually bent towards the palms, while subsequently the hands were flexed on the wrists, and the forearm pronated. His general health at this time was good, but it declined, and the pulse became accelerated before his death. Latterly he complained of the most intense pain in the arms and hands and throughout his body. No trace of lead affection. No remedies were of any avail. In the later periods of the disease the patient manifested a pitiable state of mental irritability and hypochondriac depression. No disorder of intellect or of the special senses. At the autopsy no morbid change was found except some inflammatory congestion and œdema about the larynx, some undue subarachnoid effusion, some shrinking and granular change of the right third nerve, and some granular alteration of the wasted muscles. The cerebellum, pons Varolii, and spinal cord, were examined minutely by Mr. L. Clarke, who detected in the posterior gray substance of the latter unnaturally transparent streaks, patches, or spots, occupied by a granular substance. These spots appeared to be most numerous about the middle of the cervical enlargement, and diminished upwards and downwards. In one of them a vacant space was found, with broken ends of nerve-fibres projecting into opposite sides of the space. Around the central canal of the cord and the medulla oblongata, and in the spinal anterior and posterior commissures, there was a considerable deposit of corpora amylacea. The floor of the fourth ventricle was covered with minute granular elevations, consisting of aggregations of the ordinary epithelial cells.

**MEYER.**—*On Pacchionian Granulations.* Med. Times and Gaz., Oct. 19th.

Meyer considers that these are hypertrophied villi of the arachnoid, which are developed in consequence of the pulling and dragging produced by hyperæmia and anæmia of the brain. They are sometimes highly developed in the median cranial fossa, and may then cause injury to the fifth nerve, attested in one case by neuralgia of all its branches and destructive inflammation of the eye.

**PEACOCK, T. B.**—*Notes on the Treatment of Delirium Tremens by large doses of Tincture of Digitalis.* Med. Times and Gaz., August 3rd, 1861.

Peacock adopts provisionally the following conclusions:—1st, that the drug, when exhibited in full doses, does not by any means produce the amount of depression which our previous experience of its action, in small and frequently repeated doses, would have led us to expect; and, 2nd, that the remedy in conjunction with other means may probably be very

usefully employed in the treatment of certain cases of the disease, and especially when it occurs in young and robust persons, whose strength has not been broken down by prolonged habits of intemperance, and particularly when it arises as the immediate result of excessive spirit-drinking.

DAWSON, W.—*On the use of Turpentine in Delirium Tremens.* Lond. Med. Rev., Feb., 1861.

Dawson administers 3ss of Ol. Tereb. and 3ss of Ol. Ricini in this disorder, "with invariable success."

INMAN, T.—*On some points of Cerebral Pathology.* Lond. Med. Rev., March, 1861.

Inman argues that the state of the brain in impending apoplexy approaches to that of senile gangrene, and that the correct practice is to improve the nutrition of the enfeebled part.

BARCLAY and JAMES.—*On the Natural History of "Insolatio."* Amer. Med. Times, July 6th.

The predisposing causes are—(1) plethora and unacclimatization; (2) all debilitating causes; (3) inaction of the skin and bowels; (4) exposure to an atmosphere highly charged with electricity. Death occurs—(1) from the affection of the nervous system alone; (2) from (1) with arrest of the pulmonary circulation, or (3) with cerebral congestion; (4) from a subsequent severe febrile attack, with serous effusion within the cranium. The cold douche, blisters to the neck, sinapisms to the extremities and chest, and purgative enemata, were found useful remedies. Inhalation of chloroform was beneficial in some cases seized with convulsions from the first.

BONSDORFF.—*Case of Alcoholophilia Periodica.* Hygiea, vol. xx. Schmidt's Jahrb., vol. 110, p. 178.

Bonsdorff regards this affection as a paralysis of the sympathetic nerves of the stomach. Huss relates a similar case.

HESSERT.—*On Tuberculous Meningitis.* Würzb. Med. Ztschr., i, 5, 1860. Schmidt's Jahrb., vol. 110, p. 28.

Hessert communicates eight cases of meningeal tubercle which he observed. In all but one chronic tuberculosis preceded, and in this there was rachitis and syphilis. Five of the eight patients were between two and ten years old. The first stage of the disease, i. e. to the commencement of somnolence, occupied three to thirteen days; the second, to death, one to five days. The course and symptoms of the disease were very various, the variety appearing to depend chiefly on the previous state of health. Continuous pain in the forehead or vertex, with exacerbations, was always the first symptom, and lasted until consciousness was lost. Recovery is possible; at least, obsolete tubercle has been found in the pia mater of children dying of other diseases. Hessert avoids all lowering treatment, applies ice to the head, keeps the bowels open, and gives, if the vomiting cease, quinine, and if the strength fail, wine.

BOURROUSSE.—*Iodine in Tubercular Meningitis.* Monit. des Sc. Méd., No. 73. Med. Times and Gaz., July 13th.

Bourrousse thinks that all, or almost all, cases of tubercular meningitis are curable by Pot. Iod.

**HÉRARD.**—*On Meningitis.* Lancet, Sept. 14th.

Hérard draws attention to the existence of a sporadic form, which is strictly inflammatory in its character, and an epidemic, which is typhoid, and often attended with other typhoid symptoms, as diarrhoea, tympanitis, lenticular spots, splenic enlargement.

**ROBERTSON, A.**—*Cases of Induration of the Brain.* Glasgow Med. Journ., Oct., 1861.

The patients (three) were all drunkards, and suffered with gradual impairment of the mental faculties, accompanied by a steadily increasing stupor and paralysis of motion, and deficient sensation, and an eventual subsidence into a partial or complete comatose state. Treatment was useless.

**DE RICCI, H. R.**—*On Acute Arachnitis.* Dublin Quart. Journ. of Med. Sc., Aug., 1861.

De Ricci relates two cases of non-tubercular acute meningitis, one fatal, the other saved by leeches to the head, mercurialisation, counter-irritation, preceded by active purgation.

**SCHULZ.**—*On the Behaviour of the Muscles, in Paralysis of the Facial Nerves, towards the induced and constant Electric Current.* Wiener Med. Wochenschr., No. 27. Canst. Jahresber., vol. iii, p. 57.

Schulz finds that a weak continuous current, which scarcely affects the muscles of the sound side, produces in the paralysed muscles manifest contractions on closing and opening the circuit. The induced current, on the contrary, causes contractions of the healthy, and not of the paralysed muscles. Schulz has succeeded in curing six cases of grave facial paralysis by the continuous current.

**SÉE, G.**—*On Paryses consecutive to Diphtheria, Anginas, and Fevers.* Union Méd., No. 133. Canst. Jahresber., vol. iii, p. 68.

Sée affirms the essential dependence of these disorders of motor power on anaesthesia, which occurs primarily.

*Treatment of Colic.* Gaz. Méd. de Lyon, Feb. 16th. Brit. Med. Journ., April 6th.

Spt. Æth. S. co. 3j, Ol. Ricini, Syrupi, à à 3j. M. 3ss o.  $\frac{1}{2}$ -horâ.

*Cyanide of Potassium in Neuralgia.* Rev. de Thérap. Méd. Chir., 11, 1860. Schmidt's Jahrb., vol. 109, p. 286.

Roche recommends the application of a solution of about four and a half grains in one ounce of water to the affected part.

*Digitalis in Epilepsy.* Bull. de Thérap., lix, 1860.

Duclos gives two cases of cure by one to three grains of the extract daily.

*Treatment of Hemicrania by Debout's method.*

R. Quin. vel Cinchon. Sulph. gr. xlvi, Pulv. Digitalis gr. xxii, Syrupi q. s. M. ft. in pil. xxx, sumat j o. u. per tres menses.

**GRIESINGER.**—*Diagnostic Remarks respecting Cerebral Diseases.* Arch.

d. Heilk., part 1. Canst. Jahressber., vol. iii, p. 3.

Griesinger insists, first, on the distinctions between local and general diseases of the brain, and then lays down special marks whereby to diagnose the situation of tumours, &c.

Pills of Assafœtida gr. ij, and Sulph. Morph. gr.  $\frac{1}{2}$ , bis vel quater die sd., recommended in nervous sleeplessness. Gaz. Méd. de Lyon, No. 19. Canst. Jahressb., vol. iii, p. 23.

**LAMARE-PICQUOT.**—*On the use of Arsenious Acid in Apoplectic Congestion.* Bullet. de Thérap. Ann. par Jamain, 1861, p. 65.

Lamare-Picquot administers arsenious acid in doses up to about one fifth of a grain in the day in all cases where he has reason to believe that the red globules are in excess in the blood. When they amount to more than 54 in 100 parts, signs of cerebral congestion ensue. By the use of arsenic the globules are diminished.

**BROWN-SÉQUARD, C. E.**—*Lectures on the Diagnosis and Treatment of the various forms of Paralytic, Convulsive, and Mental Affections, considered as effects of morbid alterations of the Blood, or of the Brain, or of other organs.* Lancet, July 6th, 13th, 20th, 27th; Aug. 17th, 31st; Oct. 26th.

Brown-Séquard argues that the old view is quite untenable, which regards the various symptoms met with in cases of brain disease as directly depending on the loss of function of the diseased part. Hemiplegia, paralysis of the face, loss of speech, anaesthesia, alterations of the senses of sight, hearing, &c., epilepsy, catalepsy, loss of memory, delirium, various forms of insanity, may all, he says, be produced by some injury or disease of almost every part of the brain. He ascribes such phenomena—(1) to direct injury or disease of the brain; (2) to alterations in the quantity or quality of the blood; (3) to a reflex influence propagated from an altered part of the brain or its meninges, the mucous or cutaneous membranes, viscera, &c. The necessity of distinguishing between symptoms of loss of function and symptoms of irritation is strongly insisted on, as the two are often confounded, and, in consequence, great mistakes are made in treatment. Symptoms of irritation may be divided into two groups, according as the irritation acts on the central termination, or the more peripheral part of various kinds of nerve-fibres. Sensations of pricking, formication, &c., are characteristic of irritation in the brain. Alterations of the blood are shown to be capable of producing extremely grave symptoms, which it may require much care and skill to distinguish from the results of organic disease. The most frequent cause of local paralysis, he affirms, is an irritation in certain parts of the nervous centres or in the trunk or periphery of nerves. This may produce paralysis in very different parts in different cases, according to the particular fibres on which the irritation has acted. Instances are given of paralysis of the upper and lower limbs and of the face, of hemiplegia, of insanity and delirium, of contracture and rigidity, produced by reflex influence. In Lecture II stress is laid on the value of anatomical observation, as

enabling us to explain the varieties of paralysis which are met with. Thus, owing to the decussation of the facial nerves at the base of the brain, an organic alteration in one half of the pons Varolii will produce paralysis on both sides of the face, or on the affected, or on the opposite, according as the lesion is situated in the middle part of the right side of the pons, or in the lower, or in the upper; while in all three cases the paralysis of the trunk and limbs is limited to the side opposite to that of the alteration. The symptoms of disease at the base of the brain may be ranked as—(1) those due to a loss of action; (2) those due to an irritation. Brown-Séquard then proceeds to point out the means of distinguishing the exact seat of the lesion in various instances. Thus, if the alteration be situated below the decussation of the anterior pyramids in a lateral half of the spinal cord, the trunk and limbs are deprived of voluntary motor power on the same side, but are anaesthetic on the opposite. If the alteration is at the level of the decussation of the anterior pyramids in a lateral half of the medulla oblongata, anaesthesia will exist only in the opposite half of the body, but both halves will be paralysed of motion. If, again, the alteration be above the decussation of the anterior pyramids in a lateral half of the medulla oblongata, the motor and sensory paralysis are both in the opposite half of the body. With regard to organic disease at the base of the brain, its precise seat will generally be determined by observing what cranial nerves are paralysed. Thus, hemiplegia of one side, and amaurosis and facial paralysis (all on the same side), with palsies of the opposite fourth nerve, indicate lesion of the corpora quadrigemina. As to paralysis of vaso-motor nerves, it appears that the consequent increase of temperature is on the side of the lesion when it is in the spinal cord, medulla oblongata, or pons Varolii; and in the opposite side when the lesion is in other parts of the cerebro-spinal axis. With regard to irritation symptoms, muscular contractions are scarcely produced unless the fibres are affected by inflammation; the muscles of the upper and lower extremities are most frequently affected, those of the larynx, pharynx, and organic life, most rarely. Irritation of vaso-motor or nutritive nervous elements may produce inflammation in remote parts—the lungs, the eye, or the face. Irritation of incito-motor and sensory nerve-fibres may also give rise to signs which aid in determining the seat of disease. Lecture III treats of the diagnosis of haemorrhage in the cerebellum. The following points are indicated as available in diagnosis. Local paralysis is less frequent, but a general weakness is constant. In particular facial paralysis is absent. The facial muscles lose their expression. The tongue does not deviate to one side. The ocular and masticatory muscles are not paralysed, but the state of the pupils is usually altered, they being either dilated or contracted. Hyperesthesia has been observed in several cases, anaesthesia is rare. The four head senses are much less often affected in cerebellar than in cerebral haemorrhage. Convulsions are frequent. Vomiting is frequent and persistent. Coma, when present, is simply the effect of pressure on the brain. Disorder of voluntary movements has been observed in only a few cases. Hemiplegia is clearly dependent on the pressure of the effused blood on one side of the pons Varolii, and anaesthesia, when it exists, is owing to the same cause. Convulsions are usually produced in the same way, sometimes also from irritation of an

inflamed area around the clot. Lecture IV treats of the symptoms and diagnosis of wounds, softening, and abscess of the cerebellum. Brown-Séquard finds no symptom that can serve to show that this organ is wounded except loss of sight, which has been observed in two or three instances. Bending of the head towards the injured side is not a sign of injury of the cerebellum, but of its crura. Eleven cases of softening are cited, and the great difference between the symptoms is pointed out, not two of the cases being alike. They concur, however, in showing that inflammatory softening of the cerebellum produces very different effects from softening of the cerebrum. The absence of referred or local sensations or pains in the paralysed limbs, and of cramps, twitchings, &c., in cerebellar disease, are the chief points of difference. Headache, amaurosis, hemiplegia, paraplegia, are the symptoms oftenest observed.

**SIMON.**—*On the Pharmacology of Quinine.* Gaz. des Hôpit., 126, 1860.  
Schmidt's Jahrb., vol. III, p. 166.

Simon lays stress on the importance of giving quinine in such dose, and at such time, as that its physiological effects shall be developed simultaneously with those of the disease. In some cases it produced in pretty full doses notable haemoptysis.

**REYNOLDS, R.**—*On the Administration of Cannabis Indica.* Arch. of Med., Jan., 1861.

From the results of twenty-two cases, Reynolds concludes—(a) that Indian hemp is useless in mere functional, psychical, sensory, or motor disorders, without demonstrable organic change; (b) on the other hand, it is essentially beneficial in cases of congestion, softening, meningitis, or haemorrhage; (c) the drug appears to diminish the over-activity of the nerve-centres without disturbing the animal or vegetative functions.

**BOISON** (Bullet. de la Soc. de Méd. de Gent., May and June) praises a pill of Musk gr. j, Ext. Digitalis gr. iss, Ext. Opii gr. ss, as having a magical effect on neuralgia.

**BECQUEREL, A.**—*On the Treatment of Neuralgias by Electric Currents.* L'Union Méd., Nos. 1 and 4. Canst. Jahrb., vol. iii, p. 23.

Becquerel maintains that a current of induced electricity passed through a nerve in its long axis will always cure neuralgia if the stream is sufficiently strong, and the intermissions very rapid. The apparatuses ordinarily used are not powerful enough.

**FRIEDBERG, H.**—*On the Cure of Pain in the Face by extraction of the Teeth.* Virchow's Archiv, xvii, parts 5 and 6.

Four cases were cured by the extraction of teeth, which, though carious, had not been painful, while other carious teeth which had been painful were extracted without relief.

**SERRE.**—*On the good effects of Digitalis and Quinine in the treatment of Hemicrania.*

Serre has cured several long-standing cases, including his own of fifteen years, by Debout's pill—Quinine gr. iss, and Digitalis gr.  $\frac{1}{2}$ , in a

pill—every night for three months. Bull. de Thérap., April 15th. Canst. Jahrb., vol. iii, p. 29.

**LEFEVRE.**—*On Dry Colic.* Gaz. Hebdom., No. 27. Canst. Jahrb., vol. iii, p. 31.

Lefevre adduces evidence to show that the colic so frequent on board men-of-war, and especially steamers in the tropics, is the result of lead poisoning. Lead is found in the drinking-water, and in many cases there is a blue line on the gums.

**CHAPUIS.**—*Observations on the Cases of Dry Colic which have occurred in the Hospitals of French Guyana.* Gaz. Hebdom., No. 36. Canst. Jahrb., vol. iii, p. 31.

Chapuis shows that this disorder occurs more frequently in some places, when there is no possibility of lead poisoning, than in others, where lead is used for water-pipes, &c. It alternates with hemicrania and other neuroses, and is cured by leaving the country.

**SENTER,** L.—*Treatment of Neuralgia by Cauterization with SO<sub>3</sub>.* J. de Bord., May, 1861. Schmidt's Jahrb., vol. 112, p. 27.

Of ten cases rebellious to other means, nine were cured and one improved by superficial painting of the acid.

**SCHRAMM.**—*On Cardialgia.* Bayer Aerztl. Intell. Bl., 29, 30, 1860. Schmidt's Jahrb., vol. 112, p. 27.

Of 75 cases (acute) observed in six years, 16 were males, 59 females. Cold and bad drinks, but especially malaria, were the most frequent causes. The period of the disorder coincided with that of intermittent fever, both being most prevalent in June and November. Shivering, weariness, and a sense of discomfort, were commonly the precursors of the attack. These symptoms increased sometimes even to syncope and a sense of annihilation at the time of the paroxysm. In two interesting cases a deep sopor replaced the cardialgic paroxysm.

## PSYCHIATRIK.

**LEIDESDORF,** MAX.—*Pathology and Therapeutics of Psychical Diseases.* Erlangen, 1860, F. Enke.

**BAILLARGER.**—*Cases of Communicated Insanity.* Gaz. des Hôp., 38, 1860. Schmidt's Jahrb., vol. 111, p. 86.

**MAJOR.**—*Mental Disorder after Delivery in the ninth month (by forceps) occurring in a Primipara who suffered with Convulsions.* Würtemb. Corr. Bl. 40, 1860. Schmidt's Jahrb., vol. 111, p. 88.

**LOWE,** W. H.—*Insanity considered in relation to the ordinary Physician and the general Practitioner.* Edin. Med. Journ., Aug., 1861.

**BAILLARGER.**—*On the Responsibility of Epileptics.* L'Union Méd., March 21st, 1861.

*Condition of the Lunatic Asylums in the Department of the Seine.* Med. Times and Gaz., Aug. 24th.

**RANKING,** W. H.—*Case of General Paralysis of the Insane, with Remarks.* Brit. Med. Journ., Aug. 31st.

- Third Annual Report of the Commissioners of Lunacy for Scotland, presented to both Houses of Parliament by command of Her Majesty, 1861.*
- MARTIN, DUNCAN P.—*Notes on Idiocy.* Journ. of Mental Science, July.
- GEERDS.—*On the Origin of Psychical Diseases.* Allg. Ztschr. f. Psychiatrie, xviii, 1861. Schmidt's Jahrb., vol. III, p. 355.
- AUZOUY.—*Case of Hallucinations of all the Five Senses; Sympathetic communication of the disorder.* Gaz. des Hôpital., 43, 1860. Schmidt's Jahrb., vol. III, p. 358.
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- Report of General Board of Lunacy in Scotland.* Edin. Med. Jour., June.
- American Insane Hospital Reports.* Amer. Jour. of Med. Sc., Jan., July, 1861.
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- VIX.—*On the occurrence of Entoscoa in the Insane, particularly with respect to the Oxyuris vermicularis.* Allg. Ztsch. f. Psychiatrie, vol. xvii. Med. Critic and Psycholog. Jour., Jan., 1861.
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**TORCHIO, F.**—*Statistics of Suicide at Turin during the years 1855—1859.* Annales Méd. Psychol., Jan., 1861. Med. Critic and Psychol. Jour., April, 1861.

**BELLOC.**—*On the Legal Responsibility of the Insane.* Ann. Méd. Psychol., Jan., 1861. Med. Critic and Psycholog. Jour., April, 1861.

**LINAS.**—*On Delirium as a precursive sign of General Paralysis.* Arch. Génér., Dec., 1860. Med. Critic and Psychol. Jour., April, 1861.

**ROBIE, J.**—*On the Medicinal Treatment of the Insane.* Edin. Med. Jour., July, 1861.

**DU MAURY.**—*On Animal Magnetism and Somnambulism.* Jour. of Mental Sc., April, 1861.

**ABRIDGE, J. T.**—*The Circulation within the Cranium in relation to Mental Disorders.* Jour. of Mental Sc., April, 1861.

**LOCKHART ROBERTSON, C.**—*A Case of Homicidal Mania, with Auditory Hallucinations.* Jour. of Mental Sc., April, 1861.

**STEINTHAL.**—*Reports in Psychiatry.* Preuss. Ver. Ztg., N. F. 43, 44, 1860. Schmidt's Jahrb., vol. 111, p. 84.

**BAILLARGER.**—*Acephalocysts in the Brain; Mania with magnificent Delirium; transition of the Mania into acute Delirium at the Catamenial Periods.* Gaz. des Hôpital., 6, 1861. Schmidt's Jahrb., vol. 111, p. 87.

**GUDDEN.**—*Hæmotic Swelling of the Ears of the Insane.* Allg. Zeitschr. f. Psychiatrie. Brit. Med. Journ., May 4th.

Gudden believes that this condition is only the result of violence employed by the attendants.

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**THOMSON, J. B.**—*Statistics of Prisoners, their Mental Condition and Diseases.* Edin. Med. Journ., May, Aug., Dec.

Thomson has formed the opinion that prisoners, as a class, have intellects much below the average, and that a large proportion are congenitally of imbecile mind. Fully 12 per cent. of the inmates of the General Prison for Scotland during a period of ten years were reported for various degrees of mental weakness, while the deaths from decay from insanity, paralysis, suicide, brain disease, and gradual decay of mind and body, amounted to nearly one third of the whole. Compared with the civil population, the ratio of insanity among criminals is high ( $\frac{1}{5}$  :  $\frac{1}{33}$ ). Homicidal patients, though apparently recovered, can never be safely discharged.

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**MEYER, L.**—*On Opium in Mental Diseases.* Allg. Ztschr. f. Psychiatrie, xvii, 4, 1860. Schmidt's Jahrb., vol. 109, p. 81.

Meyer has endeavoured to obtain indications for the administration of opium from the experience of whole populations who resort to it habitually. His conclusion is that opium is especially useful in those forms of reflex insanity which, in the development and final grouping of their phenomena, are naturally referable to a primary neurosis of the sexual organs, i. e. in hysterical insanity. He begins with a dose of gr. ij repeated 2dies horis ad vices iv, then intermits its use for 6—12 hours, and resumes it again at the same rate, if necessary. In more chronic cases he gives gr. i—ij every night an hour before going to bed. If opium causes anorexia, furred tongue, and constipation, it is to be omitted.

LISLE.—*On Spermatorrhœa and Insanity.* Arch. Générales, vol. xvi.  
Med. Times and Gaz., June 8th.

Lisle states that spermatorrhœa is a frequent cause of insanity, which, again, is constantly and rapidly cured if it have not advanced to paralysis or dementia. He demurs to the theory that insanity is primarily and essentially a cerebral disease, and says that facts prove that in this condition the brain may be only sympathetically affected from disease in another part.

MCCORMAC, H.—*Metanoia, a Plea for the Insane.* Dublin Med. Press,  
March 20th.

McCormac insists on the importance of moral treatment, of cultivating the faculty of self-control. The will is to be disciplined, and constant, wholesome occupation of body and mind maintained. The author does not believe that insanity depends "on the absence of phosphorus, the alteration of cerebral tissue, but in the aggravation to extremity of the inanities, follies, crazes, and shortcomings of daily life."

WORTHINGTON, J. H.—*On a form of Insanity for which the name of Congestive Mania has been proposed.* Amer. Journ. of Insanity,  
Oct., 1860. Med. Critic and Psycholog. Journ., Jan., 1861.

In this disorder intellectual impairment is marked from the commencement, the memory being especially affected; the ideas are confused and the language incoherent. The delusions in some cases are of a gay and magnificent, in others of a depressing and painful kind. The acuteness of perceptions is diminished, and the muscular power more or less diminished. In some cases the disease commences with one or more attacks of unconsciousness. The system has a strong tendency to marasmus, from depression of the vital powers. Worthington is much inclined to believe that the disease in question and paralytic insanity are closely allied, if not identical.

*Hysteria and Hysteromania.* Amer. Journ. of Insanity, Oct., 1860.

The author would restrict the term hysteria to a perversion of the emotional nature, with more or less impairment of the voluntary powers. By hysteromania he means a true mania, developed upon a state of hysteria, to which it bears the same relation that mania à potu does to habitual drunkenness.

MAYO, T.—*On the Moral Phenomena of Insanity and Eccentricity.* Med. Crit. and Psychol. Journ., April, 1861.

Mayo admits that intellectual aberration must be proved before irresponsibility in regard to crime can be admitted; but he contends that moral aberration, when existing alone, should be regarded as "the early period of yet imperfect insanity," and subjected to coercion and surveillance.

SNELL.—*On the Confounding of Persons as a Symptom of Insanity.* Allg. Ztschr. f. Psychiatrie, vol. xvii.

Snell states that this is one of the most frequent, certain, and easily detected symptoms of psychical disturbance. (2) It is proportionate to the degree and general character of the mental excitement, and it is, in

general, a favorable prognostic sign. (3) It is most frequently observed in cases of recent occurrence. (4) In the passage of the primary forms of psychosis into the so-called secondary forms, the confounding of persons not unfrequently disappears, and its doing so is here an unfavorable sign. (5) In the passage of the primary forms of mental disturbance into recovery, such disappearance is one of the most certain tests of recovery.

SUTHERLAND, A. J.—*Croonian Lectures on the Pathology, Morbid Anatomy, and Treatment of Insanity*, 1858. *Journal of Mental Science*, Jan., April, July, 1861.

Sutherland contends that no single theory of the pathology of insanity is adequate to account for the phenomena. The causes of the disease may be mental or physical, and in the latter case may be of very various and even opposite kinds. He first examines the relations of the nerve-force to insanity, and then those of the blood. In two cases which he cites, disease about the origin of the nerves supplying parts which had been the seat of morbid sensations was discovered after death. Some forms of paralysis may be distinctly traced to excessive expenditure of nerve-force or to sudden shocks. After considering the state of the nerve-force in cases of dementia and mania, Sutherland remarks on the effect of certain atmospheric states on the condition of the insane. At certain epochs (quoting from Foville) he observes that a general and unwonted excitement is remarked in a lunatic asylum, while, again, on other days everything is unusually tranquil. Yet he admits that the accurate barometrical and thermometrical registers kept at Colney Hatch have at present failed to show that the fits of epileptic patients are influenced by the mere weight and temperature of the atmosphere. Insanity, in his experience, has sometimes supervened on influenza, as a consequence of the extreme nervous depression attendant on that disorder. With regard to the blood, the results of various analyses go to show that the blood of acute mania corresponds with that of idiopathic anaemia, and the blood of paralysis of the insane, as far as the diminution of albumen is concerned, with that of symptomatic anaemia.

Lect. II treats of the morbid anatomy of insanity. Casts were shown proving that the shape of the head in the insane may be actually superior to that of the sane. A summary is given of the alterations which occur in the cranium, the meninges, and the brain, and various specimens were exhibited and described in illustration. Sutherland notices Dr. Boyd's statement, as to the average weight of the brain in lunatics being heavier than in health, and confirms it as regards cases of mania, melancholia, and epilepsy, but not as regards dementia and paralysis of the insane. He says it is not always possible to distinguish acute from chronic cases by the appearance of the cortical structure, for even in acute cases we find sometimes the appearance of commencing softening and of atrophy, and occasionally the cut surface may be as pale as in a chronic case. But certainly, in the majority of recent cases, the cortical structure is of a greater depth, of a deeper colour, and presents a more defined margin, than in a chronic case; and in recent cases we can generally trace the white bands separating the vesicular structure sometimes into three, sometimes into six layers. In a well-marked chronic case we find the anfractuosities wide,

the external layer of cortical structure soft, and separating in patches with the detached pia mater; or it may be firm, when the internal layer is softer than in health. The depth of the cortical structure is shallow, and its colour so pale that it sometimes is difficult to distinguish it from the fibrous structure. The white bands have disappeared, and the cut surface presents a uniform, dirty white appearance. Speaking of general paralysis, Sutherland affirms that the loss of power results partly from pressure of effused fluid, and not only from atrophy and disintegration of nerve-substance. With regard to the thoracic and abdominal viscera, the chief facts stated are that in 42 autopsies the heart was found diseased in 34, and the kidneys were granular, marbled, and mottled in 27. As to treatment, Sutherland counsels in acute mania sufficient doses of opium, not heroic, or some other sedative. Muscular fatigue in some cases, and ale at bedtime in others, have proved effectual in procuring sleep. Food is to be frequently administered. Chloroform is sometimes of service. Warm baths are often useful. In acute dementia the douche produces sometimes striking beneficial effects, but a generous diet, tonics and stimulants, with minute doses of opium, are also requisite. Cases of acute melancholia require the diligent administration of food, the repugnance to which may sometimes be overcome by inhaling ether. In the acute stage of the paralysis of the insane a vegetable diet and active purgatives are requisite, but not often C.C. or leeches. Bichloride of mercury with bark is a useful means of controlling the chronic meningeal inflammation which is so commonly present. In the later stages of mania tonics are always necessary, and generally suitable remedies must be administered, according to the existing condition. The possible dependence of mania upon some eccentric irritation should not be forgotten; a striking illustration of this connection is related. Directions as to moral treatment conclude the course.

SIBBALD, J.—*The Cottage System and Gheel.* Journ. of Mental Science, April, 1861.

Sibbald, from his visit to Gheel, was led to the conclusion that two classes of cases more than any other derive benefit from this system. One class comprises the milder forms of acute mania, the other consists of partially demented persons. The most fruitful cause of the present defects of Gheel appears attributable to the mistake of sending there unsuitable cases, who require more care and attention than can be bestowed upon them. No injurious effect seems to be produced on the inhabitants themselves by consorting continually with the insane.

BROWNE, W. A. F.—*Endemic Degeneration.* Journ. of Mental Science, April, 1861.

Browne describes the state of nine children, the offspring of healthy parents, of whom two were not viable, one died in infancy, one was hydrocephalic, a dwarf and idiot, and died at the age of twenty-one, while four living are hydrocephalic, dwarfs, idiots, distorted, puny, and diseased, and one only is healthy, robust, and intelligent. They inhabit the island of Iona, are in great poverty, but not circumstanced very differently from their neighbours, who are not similarly affected. Browne adds reflections on pellagra, cretinism, &c.

*Cretinism and Idiocy. Review of Works by Zillner and Virchow.* Brit. and For. Med.-Chir. Rev., July, 1861.

Zillner distinguishes idiocy according to its causes as follows:—(1) *Constitutional*, family, or hereditary idiocy. Such is apt to prevail where epilepsy, chorea, deafness, dumbness, &c., are common. (2) *Traumatic*, where the skull or its contents have been injured by a blow, or fall, or pressure, or any other such accident. (3) *Congestive* idiocy. (4) *Idiocy from exhaustion*, as after hydrcephaloid disease. (5) *Toxic idiocy*, as from laudanum and brandy. (6) *Malarial idiocy*, which appears especially in the form of cretinism. Virchow and Zillner both trace a connexion between marsh fever and acute affections of the thyroid gland. Zillner also distinguishes the chamber or house miasm as a cause of idiocy. This is identical with bad sanitary conditions. (7) Idiocy from other and accidental causes, as pertussis, and, as the reviewer states, from the exanthemata which, according to him, very frequently give rise to idiocy. The skulls of idiots show diminished length, but increased breadth and height. The frontal arch is flattened, and the whole frontal bone small. The sutures are apt to become united prematurely, and if this condition affect one while growth continues on the other edges of the bones, various deformations of the skull result. Thus, synostosis of the sagittal suture, with growth on the anterior and posterior margins of the parietal, produces a long or dolico-cephalic head; synostosis of the coronal gives rise to the platycephalic variety of the brachycephalic head; of the lambdoidal to the pachycephalic variety, and so on. Microcephalus may be the result of premature, general synostosis. The form of the skull of the cretin is not specific, but may be variously misshaped. Virchow shows that premature synostosis of the bones at the base of the skull has an important influence on the position and development of the bones of the face, and even on the arch of the head. A skull with a short compared with one which has a long basis shows recession of the frontal wall, depression of the root of the nose, diminution and flattening of the anterior and spheno-temporal fossæ, and enlargement of the posterior.

*SAUZE, A.—On Remissions in the course of General Paralysis.* Annales Médico-Psycholog. Journ. of Mental Science, July, 1861.

Sauze sums up his conclusions as follows:—(1) That the intermissions which occur in the course of general paralysis present themselves under three principal forms; (2) under the first form there is an entire disappearance of the symptoms of paralysis, and a persistence of dementia; (3) the second form is, on the contrary, characterised by signs of paralysis and by the apparent absence of intellectual lesion; (4) the simultaneous amendment of the symptoms of dementia and of paralysis constitutes the third form; (5) besides the three principal forms, we find certain intermissions to which it would be difficult to assign a precise place in the pathological plan; (6) in all intermissions, whatever their dominant form, we meet with one common symptom, namely, the enfeeblement in a greater or less degree of the intellectual and moral faculties; (7) this dementia is sometimes difficult to discover, but it never evades the observation of the physician who knows how to seek for the signs of it; (8) in some less favorable cases, not only do we meet with a certain

degree of dementia, but there yet remain some delirious conceptions, some ideas of grandeur; (9) these patients being wholly demented, there is also lesion of the free will; (10) if they commit a more or less grave offence, they ought to be considered as irresponsible; (11) they are not competent either to administer their own affairs or to make a will; (12) for their own sakes and for the interests of their family, it is needful that they should be interdicted; (13) sequestration, even in an asylum, is a measure favorable to their health.

HARRINGTON TUKE.—*On General Paralysis.* Journ. of Mental Sc., July, 1861.

Tuke distinguishes the mental symptoms into three stages—(1) that of excitement, with loss of self-control and reasoning power; (2) absolute delusion, with or without violence; and, lastly, complete insensibility. The leading characteristic of this insanity is the sense of beatitude and contentment. The paralysis is peculiar by its slow progress and its first affecting the tongue. It rarely supervenes before the thirtieth or later than the sixtieth year of life. He combats Esquirol's opinion, that general paralysis is only a complication of insanity, and not a special disease.

BAILLARGER (L'Union, 113, 1860). MOREAU (Bull. de l'Acad., xxvi, Dec., 1860; Jan., 1861).—*Hypochondriacal Delusions the forerunners of General Paralysis.* Schmidt's Jahrb., vol. 111, p. 356.

The delusions to which Baillarger advertises are very various, but some of them are so frequent that they may be regarded as specific. Such are those of annihilation, complete alteration, internal obstruction, being dead, blind, unable to speak, see, or swallow, &c. These may precede the paralysis for years. Moreau does not think Baillarger's views are as yet established by evidence, but that they are very probable. He considers that there is an intimate connection between the special delusions, as signs of a general and deep-rooted morbid state, and the general paralysis.

BRIERRE DE BOISMONT, A.—*On Deterioration of the Morals and Mind in the prodromal period of General Paralysis.* Ann. d'Hygiène, 2 sér., xiv, Oct., 1860. Schmidt's Jahrb., vol. 111, p. 357.

These changes, according to Briere de Boismont, are chiefly characterised by great irritability, signs of passion and impatience, which may be foreign to the natural disposition or an exaggeration of it. Strange expressions are dropped, and there is a remarkable volatility of thought. This state is sometimes replaced by apathy and dulness, which unfit the person for any serious work. Such persons often give themselves up to dissipation, commit acts of dishonesty, and render themselves liable to prosecution. They are easily taken in by sharpers, and bring their families to ruin. The early recognition of these tendencies, and the right appreciation of them, is of great importance.

LEGRAND DU SAULLE.—*On the Special Forms of Delirium which supervene in General Paralysis.* Arch. Générales, Dec., 1860. Med. Critic and Psycholog. Journ., April, 1861.

Legrand du Saulle affirms that grandiose delirium can be demonstrated

in four fifths the cases of mania which terminate in general paralysis, and that hypochondriacal delirium is met with about as frequently in melancholic paralytics, while it is rare among those attacked with simple melancholy.

**BAILLARGER.**—*Simple General Paralysis (case).* Gaz. des Hôp., 38, 1860. Schmidt's Jahrb., vol. III, p. 87.

Baillarger remarks of these cases that they begin with congestion and end with atrophy. The cerebrum was much atrophied, the cerebellum normal.

**KIESER.**—*Post-mortem appearances in the Insane.* Würtemb. Med. Corr. Bl., 40, 1860. Schmidt's Jahrb., vol. III, p. 84.

Autopsies were made of twelve melancholics, eleven maniacal, and ten paralytic patients. In all these were found very manifest alterations in the brain and cord or in the membranes, but no kind of morbid change was peculiar to any one of the three forms, so that it appeared that profound anatomical lesions were much more dependent on the duration than on the specific form of insanity. Softening was more common than induration, capillary apoplexy was common, more extensive was rare.

**FINKELNBURG.**—*On the influence of the Imitative Tendency on the Diffusion of Sporadic Insanity.* Ztschr. f. Psychiatr., xviii, 1, 1861. Schmidt's Jahrb., vol. III, p. 85.

Finkelburg relates twelve well-marked cases of communication of insanity from one relative to another, the person second affected usually nursing or attending upon the first. In only a small number of the cases was there any hereditary tendency. Finkelburg observes that the insane ought never to be attended by their relatives, and that even in asylums the attendants, especially the female ones, should be changed occasionally.

**LUND.**—*Skulls of Idiots.* Lond. Med. Rev., June, 1861.

Lund exhibited two contrasting specimens, one in which there was great hypertrophy of the diploë, the consequence of rickets, the other thinned, so as to be in some places translucent from atrophy. The average thickness of the first was .75 inch, of the latter 1 inch.

**LOCKHART ROBERTSON, C.**—*Some results of Night-nursing.* Journ. of Mental Science, Oct., 1861.

Robertson requires the night attendants to visit all the habitually dirty patients at fixed times, and to observe their condition. Soiled sheets are to be changed, and the patients made to attend to the calls of nature. These enforced habits of cleanliness at night result in cleanly habits by day.

**LOCKHART ROBERTSON, C.**—*On the sedative action of the Cold Wet Sheet in the treatment of recent Mania, with cases; a contribution to the curative treatment of Mental Disease.* Journ. of Mental Sc., July, 1861.

Robertson says the wet sheet abstracts heat and lowers the pulse, and, while cooling the surface of the skin, also, by reaction, determines the blood to the surface, and so restores the natural perspiration. It further

acts as an eliminative, exciting the alvine and renal secretions. Its sedative efficacy is shown by the fact that patients suffering from violent maniacal symptoms actually fall asleep in the wet sheet. Its use is appropriate to cases of recent mania, attended with febrile and congestive symptoms, but not to those of more asthenic character, where pyrexia is less marked and nervous excitement predominates. For these morphia and porter are better.

*The state of Lunacy in England.* Med. Critic and Psycholog. Journ., Oct., 1861.

The author in this article analyses the fifteenth report of the Commissioners of Lunacy, and states the following as the conclusions which the details contained in the report lead to:—(1) That the increase of known lunacy for several years back has been confined almost solely to pauper lunatics; (2) that the amount of known lunacy among those classes of the population who are raised above pauperism, or are liable to pauperism from lunacy—the wealthier classes, in short—has been diminishing, or, at least, has been stationary, for some years; (3) that it is probable that lunacy is not increasing in the kingdom in greater proportion than the increase of population; the apparent increase, as shown by the steadily growing population of our asylums and the need for still more and more asylum accommodation, being dependent mainly upon certain circumstances incidental to the provision made for the care of lunatics in late years. These circumstances relate—(1) to the large number of cases previously unreported, and only recently brought under observation; (2) the increased number of those sent to asylums; (3) the prolongation of their life when thus brought under care.

BELLOC, H.—*On the moral responsibility of Lunatics.* Annales Médico-psychol. Med. Critic and Psycholog. Journ., Oct., 1861.

Belloc argues that lunatics are by no means to be regarded as destitute of free will or irresponsible for their actions, but that in each case it ought to be considered how far the person can be considered accountable.

MCINTOSH, C.—*On the subcutaneous injection of Morphia in Insanity.* Journ. of Mental Science, Oct., 1861.

McIntosh advocates from his experience the restricted employment of this procedure in every asylum. It acts as a sedative to the furious, and a calmative to the depressed and despairing, and is also suitable to cases where restlessness, excitement, and dirty habits, occur at paroxysmal periods.

#### MUSCULAR SYSTEM.

SKINNER.—*Case of Ossification of the Muscles.* Med. Times and Gaz., April 20th.

RAMSKILL.—*Case of Wasting Palsy.* Med. Times and Gaz., May 4th.

ALTHAUS, J.—*Two Cases of Wry Neck treated successfully by Electricity.* Med. Times and Gaz., May 25th.

DUCHENNE.—*On progressive Muscular Paralysis of the Tongue, Velum*

*Palati, and Lips.* Arch. Génér. de Méd., Sept., Oct., 1860. Br. and For. Med.-Chir. Rev., Jan.

**LEGOUEST.**—*Case of intermittent Wry Neck.* Med. Times and Gaz., Sept. 14th.

**OPPOLZER.**—*On Muscular Atrophy.* Spitals-Zeitung, Nos. 11, 12, 15. Canst. Jahrb., vol. iii, p. 85.

**ANSTIE.**—*Case of Muscular Atrophy following Acute Rheumatism.* Med. Times and Gaz., Feb. 2nd.

**INMANN, T.**—*On the Pathology of Sciatica.* Brit. Med. Journ., March 30th.

Inman thinks that sciatica may be, and very frequently is, dependent upon muscular contraction in enfeebled, unusually irritable, or imperfectly palsied muscles, and that the pain is often in direct proportion to the weakness of the muscular fibre.

**JAGO, J.**—*Obscure Trunk Pains; or, chronic pains in the Abdominal and Thoracic Walls.* Brit. and For. Med.-Chir. Rev., April.

Jago examines the effect of the weight of the upper part of the body on the parts that have to support it in producing pain, and describes a kind of chair contrived so as to obviate such uneasiness.

**PARMENTIER.**—*Cancer of Muscular Tissue.* L'Union Méd., Aug. 22nd, 29th, 1861. Brit. Med. Journ., Oct. 19th.

The symptoms of primary cancer in its ordinary form are the following. There is at first a tumour of the size of a pea, hard, moveable, and yet adherent to the muscle. It may exist a long time without causing inconvenience. At length, however, it becomes as large as a pigeon's or hen's egg, is soft, elastic, and moveable when the muscle is relaxed, but fixed when the muscle is contracted. If the tumour be not soon removed it rapidly increases in size, and passing beyond the muscle, may affect the neighbouring parts. Pain may not be felt for a long time, until, in fact, the tumour has begun to affect the skin. The cancerous tumour of muscle has to be diagnosed from syphilitic tumour, hydatid, and some forms of cold abscess.

**KUCHENMEISTER.**—*The Symptoms and Treatment of Trichina Spiralis, at an early period of the development of that form of parasite.* Deutsche Klinik, i, 1861.

Patients thus affected are in a sub-typoid condition, but neither diarrhoea nor typhoid eruption, nor any notable enlargement of the spleen, is present; they experience violent muscular pains on the least movement; sometimes dysphagia, hoarseness, and strabismus, or a very limited mobility of the eyeball, are observed. If such symptoms are present the muscular tissue of the patient should be microscopically examined. The treatment is to consist of purgatives, frequent and small doses of Ol. Tereb., with powdered fern-root.—'Lond. Med. Rev.', March, 1861.

**BAMBERGER, H.**—*Remarks respecting progressive Muscular Atrophy.* Oesterrh. Ztschr. f. prakt. Heilk., No. 7. Canst. Jahressb., vol. iii, p. 85.

Bamberger records three cases, with analyses of the blood and urine of the third. The chief results were that the sulphuric acid of the urine was

increased, and the phosphoric much diminished. The albumen of the blood was also much below the normal amount. Bamberger believes that these two latter facts are essentially connected.

**SYMES THOMPSON, E.—*Progressive Muscular Atrophy.*** Brit. Med. Journ., May 4th.

The author believes wasting palsy to be a blood disease, somewhat, but not altogether, analogous to lead palsy. He recommends as remedies strychnia, iron, and Faradization of the wasted parts.

#### CIRCULATORY SYSTEM.

**AUBURTIN.**—*Clinical Researches on Diseases of the Heart, from the Lectures of Prof. Bouillaud.* Paris, Delahaye, p. 273. Canst. Jahrb., vol. iii, p. 156.

**COCKLE, J.—*On Insufficiency of the Aortic Valves in connection with Sudden Death.*** Pamphlet. Brit. and For. Med.-Chir. Rev., July, 1861.

**HYDE SALTER.**—*Concurrence of Purpura with Valvular Disease of the Heart; three cases; recovery.* Lancet, Jan. 19th.

**EADE.**—*Report of a Case of Aneurism of the Aorta; Double Aneurismal Sac; compressed bronchus and œsophagus; stretched and flattened pneumogastric nerve; destructive inflammation of lung; fatty heart.* Lancet, Feb. 16th.

**CHAMBERS, T. K.—*Prognosis and Treatment of Thoracic Aneurism.*** Brit. Med. Journ., Jan. 19th.

**HAMILTON, E.—*Case of Abdominal Aneurism.*** Dublin Hosp. Gaz., March 15th.

**DUNCAN, J.—*Case of Aneurism of Ascending Aorta.*** Dublin Hosp. Gaz., March 15th.

**DALTON, E. B.—*Aneurism of Thoracic Aorta (case).*** Amer. Med. Times, Feb. 9th.

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**SPORER.**—*The Abortive Treatment of External Acute Phlebitis by external application of Tinct. Iodinii, repeated every three hours.*  
Med. Ztg. Russlands, 1859, Nos. 49, 50. Canst. Jahrest., vol. iii, p. 189.

**LANCEREAUX.**—*Pyelitis, Renal Phlebitis, Abscess of the Right Kidney; Purulent Infection, Albumen in the Urine.* Gaz. Med. de Paris, 1860, No. 27. Canst. Jahrest., vol. iii, p. 189.

**BOTTO.**—*New mode of curing Varicose Veins.* (Pressure is applied to the vein in two spots). Annali Univ. de Med., Milano, 1860. Canst. Jahrest., vol. iii, p. 192.

**DUSCH.**—*Thrombosis of the Sinuses of the Dura Mater.* Zeitschr. f. ration. Med., ser. 3, vol. vii, No. 2. Brit. Med. Journ., April 6th.

Dusch concludes, from his inquiries, that coagulation of the blood in the sinuses may be due to propagation of a coagulum from the neighbouring veins in cases of caries, necrosis, and wounds of the cranium, and of extravasations of blood into the substance of the brain; or it may be owing to any cause, either of a local or general nature, which impedes the circulation of blood through the sinuses, such as a feeble heart, anaemia, the compression of the sinuses by tumours. The diagnosis is difficult during life, but the lesion may be suspected when cerebral symptoms supervene in a feeble infant upon an attack of profuse diarrhoea, and there is at the same time bulging of the fontanelles and distension of the jugular veins.

**GERMAINE.**—*On the Therapeutic Uses of Digitalis.* Gaz. Hebdomad., vii, 42, 44, 1860. Brit. Med. Journ., April 13th.

Germaine does not believe that digitalis enfeebles the contractions of the heart, but, on the contrary, while it slows them it augments their force. He thinks it is only a diuretic by its beneficial effect on the circulation.

**TROUSSEAU.**—*On the use of Digitalis in large doses in the treatment of Menorrhagia.* Gaz. des Hôpits., 1861. Brit. and For. Med.-Chir. Rev., July, 1861.

Trousseau administers 3ss of a strong infusion (3j of the leaves to 3xxv of water) every half hour, ceasing the medicine as soon as signs of gastrointestinal irritation appear. After ten doses in the case he relates the haemorrhage was arrested.

**PFAFF, E. R.**—*On the employment of Digitalis and its different preparations in the treatment of Organic Disease of the Heart.* Bullet. Génér. de Thérap., Feb. 15th, 1861. Brit. and For. Med.-Chir. Rev., July, 1861.

Pfaff states that digitalis contains two active principles, viz., *digitaline* and *skaptine*, which exert different kinds of action. The former, especially in large doses, increases at first the activity of the heart, and then depresses it; while the latter first depresses the action of the venous and lymphatic absorbents, and of the glandular system in general, and afterwards excites them. Pfaff recommends the drug to be given in decreasing doses, diminishing the amount as soon as its paralysing action on the heart is apparent. It ought not to be given in any form more than six to eight days; its calmative effect is often prolonged for five or eight weeks, and may be sus-

tained by the administration of squills or colchicum. In aged persons it should be given with cinchona, in the phthisical with opium. The subsequent administration of arsenic in cyanotic heart disease is often very beneficial.

**GERHARDT, C.—*Cases of Heart Disease.*** Würzb. Med. Ztschr., ii, 1861. Schmidt's Jahrb., vol. iiii, p. 173.

In thirty-six cases the mitral valve was affected twenty-six times, in five the aorta, in one there was stenosis of the pulmonary orifice, in one co-existence of mitral and aortic insufficiency, in three tricuspid insufficiency. Acute rheumatism was the cause in fourteen cases, chronic in one, ague in one. In five cases the valvular disease came on gradually with palpitation and dyspnoea. Edema occurred in half the cases, but the urine was albuminous in only four. The author believes that rapid dilatation of the cavities, with corresponding hypertrophy, prevents tension of the venous system, while an unyielding condition of the walls, on the contrary, induces dropsy early. The impulse was increased in all the cases, in seven it was heaving. In eleven instances it was felt in the line of the nipple, in twelve to the left, in three to the right. In twelve cases a systolic thrill was felt, in one at the same time a diastolic. Murmurs were fourteen times systolic, ten times systolic and diastolic, in two cases there never was any. Intensification of the second pulmonary sound was constant. In eleven patients the pulse was irregular, in nine surprisingly small, and this always together with diastolic murmur. Digitalis was of use in most cases. Five cases are related in detail.

**SKODA.—*On the Complications of Valvular Disease of the Heart, and their treatment.*** Allg. Wien. Med. Ztg., v, 47, 1860. Schmidt's Jahrb., vol. iii, p. 178.

Skoda lays down that dropsy, irregularity of pulse, &c., are not to be considered necessary results of cardiac disease. Treatment can do much to remove such complications, though it is powerless against the organic lesion. Morbid innervation of the heart is a frequent cause of deranged action; it can often be successfully treated, but the appropriate means in each case can only be found out by experiment. In most cases quinine is effectual, in some digitalis, in others the combination of the two. Digitalis should be given in sufficient doses, and not too long. It is most useful when the heart's action is very frequent, and signs of arrest of the circulation appear. Cold applications are more effectual than leeches, sinapisms, or venesection. The latter, however, is essential in cases where suffocation is imminent from venous engorgement. Purgatives and diuretics are of no avail in this case, but in less grave states are serviceable as well as diaphoretics.

**FORGEL and CAMPANA.—*On the Aetiology of Hypertrophy of the Heart, with cases.*** L'Union, ci, 1859. Inaug. Diss., Paris, 1861. Schmidt's Jahrb., vol. ii, p. 179.

Forgel, after relating two cases of cardiac dropsy, in which, with dilated hypertrophy of both ventricles, the aortic and mitral valves were found healthy, but the tricuspid incompetent, lays down the law, "that

as the dilatation of the left ventricle can dilate the right through the medium of the pulmonary circulation, so can the dilatation of the right dilate the left through the medium of the systemic circulation. In Campana's view the mechanical obstructions to the circulation are of very subordinate consequence; the hypertrophy results from a congenital tendency.

**POWER, J. H.**—*Observations on Disease of the Aortic Valves, producing both Constriction of the Aortic Orifice and Regurgitation through it into the Left Ventricle, accompanied with abnormal enlargement of the two Internal Mammary Arteries and atrophy of the Abdominal Aorta and its Iliac Branches.* Dublin Quart. Journ. of Med. Sc., Nov., 1861.

Power believes that his case establishes the following conclusions:—  
 (1) It is possible to have regurgitant disease in its very early stage without having the second or regurgitant murmur taking the place of the healthy second sound of the heart. (2) Visible pulsation may be distinctly manifested without the regurgitant murmur. (3) In this early stage of regurgitant disease the functions of the brain may be seriously involved. The patient had paraplegia, palsy of the left arm and of the sphincter ani, and detrusor urinæ, with stupor.

**BRISTOWE, J. S.**—*On Mitral Regurgitation arising independently of Organic Disease of the Valve.* Brit. and For. Med.-Chir. Rev., July, 1861.

Bristowe relates six cases which presented all the general symptoms and condition of viscera characteristic of this form of disease, and postulates incompetence of the mitral valve as the cause of the systolic bruit which was heard at the heart's apex during life. As to the cause of the incompetence, he reviews—(a) spasm of the musculi papillares, (b) the presence of coagula in the cavities of the heart, (c) dilatation of the auriculo-ventricular openings, and (d) disproportion between the size of the ventricular cavities and the length of the chordæ tendineæ and musculi papillares. Of these the latter appears to him the most probable, though he admits that dilatation of the orifices may also play in some instances a subordinate part. He believes that just as, according to W. King's view, regurgitation very commonly occurs in the healthy right ventricle, it may also take place in the dilated left ventricle, especially as, by assuming a rounded form, the origin of the papillary muscles become laterally displaced. Debility of the heart, set up by various grave disorders, as typhus, variola, diphtheria, is probably the cause of the dilatation.

**SKODA.**—*On the Diagnosis of Cardiac Disease.* Deutsche Klinik, 24, 31, 37, 42, 48, 1859; 2, 20, 25, 1860. Schmidt's Jahrb., vol. 109, p. 295.

This article gives a detailed summary of Skoda's views, drawn up by Abelles from the professor's lectures. A few of the more novel points are all we can notice. More or less depression of the thoracic wall at the time of systole is always observed in adherent pericardium. Bulging of the thoracic wall is not dependent on increased impulse in hypertrophy,

but on pericardial inflammation affecting the ribs and ligaments, and making them to yield more readily to the pressure of effusion. Excluding the effect of roughnesses, a systolic murmur indicates *insufficiency*, a diastolic murmur *stenosis*, of the cavity or artery to which it is referred. Intensification of the pulmonic second sound is almost indispensable to the diagnosis of mitral insufficiency. The peculiar brief pulse of aortic insufficiency may be absent when there exists at the same time stenosis of the aortic orifice or either stenosis or insufficiency of the mitral.

JAKSCH, A.—*On the Spontaneous Cure of Diseased States of the Valves of the Heart.* Prag. Vjahrscr., lxvii, 1860. Schmidt's Jahrb., vol. 109, p. 298.

With regard to the aortic valves, recovery may ensue—(1) when one only has become thickened and puckered by previous endocarditis or atheroma, the other valves becoming deeper and wider to occupy its place; (2) when all the valves are affected, two of them may adhere together by their contiguous margins, while the aortic attachment which would form a septum disappears, so that the two valves are fused into one, which closes the orifice pretty effectually; (3) in very rare instances the altered valves are rendered capable of their function by contraction of the aortic canal in their vicinity. Clinical observation of such cases shows that the regurgitant murmur disappears more or less completely, and is replaced by a defined, dullish sound. These curative processes are scarcely to be hoped for except in early life, and require for their completion months or years, as well as the most favorable circumstances on the part of the patient. A residence in the country, perfect quiet, cold applications to the chest, and infusion of digitalis, are the means advised. Three highly interesting cases of such recovery are recorded. With regard to the mitral valves it is shown that, after they have been rendered incompetent by disease, they frequently adapt themselves to their altered condition, so as to fulfil their function again more or less perfectly.

GIRARD.—*Case of Cyanosis.* Gaz. des Hôpit., Aug. 24th, 1861. Edin. Med. Journ., Dec.

Girard records the case of a female who had uninterrupted good health till the winter of 1859, when she began to have dyspnoea and palpitations. The following winter she got bronchitis, and died January 13th of this year. Three openings were found in the auricular septum, and the right side of the heart was hypertrophied considerably. The arteries were normal. Girard believes that the pulmonary disease, by deranging the circulation, was the essential cause of the fatal event.

MÜHLIG.—*Penetrating Wound of the Heart perforating the Wall of the Right Ventricle and the Interventricular Septum.* Monit. des Sc., 1860, No. 123. Canst. Jahresber., vol. iii, p. 165.

A man was stabbed, and died ten years after from insufficiency of the aortic valves, leading to hypertrophy and venous stasis. At the post-mortem there was found an aneurismal sac of the size of a nut, formed by the two layers of pericardium only, containing an indurated mass of fibrine, and communicating with the right ventricle. Opposite the

opening of this was a hole traversing the septum and leading into the left ventricle. The margins of this hole were surrounded by cicatrix-tissue.

**BAMBERGER.—*On the Position of the Heart in Pulmonary Emphysema.***

Würzb. Med. Ztschr., vol. i, 1860. Caust. Jahresber., vol. ii, p. 77.

Bamberger maintains the view he formerly expressed regarding the horizontal position of the heart in emphysema, notwithstanding the objections raised by Klob (v. 'Year Book' for 1860, p. 191). In many cases during life he discovers a weak pulsation a little more to the left or lower down than the usual site of the heart's impulse, as well as the usual more perceptible pulsation in the epigastrium. In cases where this is absent he supposes the covering borders of the lungs, or the thoracic walls, are too thick, or the heart's action too weak. Long needles introduced into the epigastrium and the site of the weaker pulsation pierced, the former the right ventricle near the right auricle, and the latter the left ventricle near the apex. Depression of the diaphragm, he argues, must necessarily induce a horizontal position of the heart.

**MÜHLIG, H.—*Cases of Pericarditis.*** Gaz. d'Orient., iv, June, 1860.

Schmidt's Jahrb., vol. 109, p. 188.

Mühlig relates six cases, four of which recovered well with blisters, diuretics, and purgatives, and states his preference of a symptomatic and expectant treatment to venesection and mercury.

**GARDNER, W. T.—*On Pericarditis.*** Edin. Med. Journ., Jan.

Gairdner, as the result of six years' experience as hospital physician in Edinburgh, has come to the conclusion that the principles of the safe treatment of pericarditis are as follows:—(1) To make large allowance for the insignificant and spontaneously healing class of cases, revealed more by physical signs than by symptoms, and to regard them as demanding little active treatment. (2) To consider rheumatic pericarditis, in general, as a disease susceptible, to a great extent, of cure under mild palliative local remedies and fitting constitutional treatment. (3) To hold the constitutional treatment as subordinate to that of the disease with which the pericarditis is associated.

**RINGER, S.—*On the influence of Change of Posture on the characters of Endocardial Murmurs; with an attempt to explain the causes.***

Edin. Med. Journ., Feb.

Ringer finds, as a rule, that endocardial murmurs are louder, harsher, and lower pitched in the lying than in the sitting or standing posture. He relates experiments which lead him to believe that the cause of the difference is the blood being then impelled with greater force.

**MEISSNER, H.—*On Thrombosis and Embolia, especially of the Cerebral Vessels.*** Schmidt's Jahrb., vol. 109, p. 89.

After some remarks on the connection between embolia, metastasis, and septicaemia, Meissner proceeds with the details of his subject. He states that an embolon is, in the great majority of cases, formed within the vessels, either out of constituents of the blood or from pathological pro-

ducts of the walls of the heart and arteries. In some rare instances it may, however, be produced by erosion or wound of a vein, and introduction of sanguous or other matter into the blood. As a general rule, embolia arises in the venous system from the formation of a thrombus; in the arterial, from morbid conditions of the cardiac and vascular walls. The seat of venous embola is limited, because they cannot pass beyond the next capillary plexus in the course of the circulation, while arterial embola may be found in almost all parts of the body. (1) Venous embola in the hepatic ramifications of the portal vein are, on the whole, rare; they are mostly observed in haemorrhoidal thrombosis after operations on the rectum, in periproctitis, ulcerating cancer, or decay of the coagulum of an haemorrhoidal varix. They rarely originate from thrombosis in any other parts of the intestinal tract, but sometimes from disease of structures behind the peritoneum surrounding the portal vein and its branches. The symptoms of this affection are various, and usually obscured by those of the primary disease. Sudden pain in the region of the liver, jaundice, and swelling of the liver, are said to be characteristic, but the diagnosis can only be justified when some cause capable of giving rise to thrombus previously existed. (2) Embola in the ramifications of the pulmonary arteries mostly come from the branches of the inferior cava, from a crural or uterine-vein thrombosis; less frequently from the superior cava or the right heart. The thrombus of a crural vein may become adherent to the wall by secondary inflammation, or be gradually broken up into molecular masses, which cause no further injury to the organism, or it may induce embolia in consequence of suppurative inflammation in cachectic systems, causing rapid disintegration, or as the result of strong exercise or of displacement by the examiner. The blood-current itself may also detach particles from a thrombus, especially if it project from the right iliac into the inferior vena cava. Embolia from thrombosis of the uterine veins scarcely occurs except in puerperal metrophlebitis or metritis. The effects produced by an embolon in the pulmonary artery are very various. If it is large enough suddenly to arrest the flow of blood to the lungs, death ensues almost instantaneously, with phenomena of cyanosis and asphyxia. One pulmonary artery may, however, be obstructed without any striking symptoms being produced. Smaller embola are generally arrested at the point of bifurcation of an arterial branch, and, increasing by fresh deposits, at last produce anaemia of the capillaries to which the branch leads, and hyperæmia in the collateral branches. The result of this is serous effusion in the pulmonary parenchyma, or the formation of a larger or smaller patch of apoplectic extravasation, or pneumonia, or gangrene. Acute pulmonary œdema is especially apt to occur when a largish vessel is suddenly obstructed. Apoplectic extravasation occurs under similar circumstances when the pulmonary capillaries are very fragile and the heart's action increased. Pneumonia and gangrene are believed by Oppolzer to result, not from obstruction of the pulmonary, but of the bronchial arteries. Cases do occur in which a considerable-sized embolon produces none of the above-mentioned changes. (3) The results of embolia in an artery depend on the size of the plug, and on the size and number of the communicating collateral branches. If the latter do not suffice to carry on the circulation, the part deprived of blood mortifies, mummifies, while at the same time the hyperæmia produced in the adjacent parts issues in

serous or plastic exudations or bloody effusions. Embolia is most common in the *splenic* artery, usually in one of its divisions, the original embolon, which is overlaid by fresh deposits, being furnished by vegetations from the cardiac valves, endocardial exudations, bony particles, and the like. The partial infarctum has usually the form of a cone, with the base turned to the surface of the spleen ; it mostly soon becomes pale yellow, and by a process of fatty metamorphosis and molecular decay partly undergoes absorption, while another part changes into contracting cicatrix-tissue or bony substance, and forms a depression in the atrophied organ. In many cases of pyæmic endocarditis Oppolzer has observed a sanguinopurulent breaking up of the splenic infarctum, with perforation of the capsule and fatal peritonitis. The diagnosis is difficult, and only can be rested on the concurrence of splenic enlargement and sudden pain in the region of the spleen with the physical signs of disease of the heart or vessels. *Renal* embolia is nearly as common as splenic, and occurs under the same circumstances. The diagnosis is rendered easier by the constant existence of albuminuria, and often of haematuria, except in the case where a whole renal artery is obstructed. *Pigment* embolia, which is observed in pernicious intermittent fevers, even in our climate, deserves special mention. The formation of pigment sometimes goes on very rapidly, so that after some violent febrile paroxysms, with delirium, convulsions, and even maniacal phenomena, death takes place with stertor and coma, by miliary apoplexy. Sometimes the cerebral symptoms do not occur until the fever has lasted a long time. Sometimes the whole process is chronic, with or without notable functional disorder. According to the results of autopsies the pigment in most cases is formed in the spleen, whence it is carried to the liver, where the larger flakes are detained, while the smaller penetrate through the pulmonary capillaries and pass in the arterial stream to all parts of the body. In the brain, however, such large pigment-flakes are often found that they could not have passed through the hepatic and pulmonary capillaries, but must have originated in the blood itself. The deposit of pigment in the cutaneous capillaries imparts an earthy tint to the surface. It is less rare in the brain than in the spinal cord, where it may occasion either temporary paraplegia, or, if attended with extensive effusions of blood and atrophy, permanent contractions and palsies. Pigmentary accumulation in the liver induces at first enlargement from reactive or passive hyperæmia and exudation ; subsequently atrophy ensues from contraction of new-formed connective tissue or from fatty degeneration of the cells. In the renal vessels the pigment may remain a long time without deranging the urinary secretion or causing injury to other organs, but in some cases it induces acute morbus Brightii. Microscopical examination of the urine often discovers casts containing pigment. Embolia of the arteries of the lower limb is not uncommon. The symptoms are immediate paralysis, gradual loss of heat, formication, and, soon after, violent pains, with increasing loss of sensibility in the skin. The limb becomes continually colder, blue, gangrenous, and dry, as in the senile form, only much more quickly, up as far as the part where a collateral circulation has in the mean time become developed. In case of a thrombus having, however, also formed in the crural vein, the gangrene may be moist. The diagnosis essentially rests on loss of pulse in one limb, with

suddenly supervening paralysis and an absence of symptoms of spinal or cerebral disease. The affection is almost always fatal. Treatment is useless. Embolia of the cerebral arteries has often been observed. If the arteries proximal to the circle of Willis are plugged, the circulation is soon restored by means of the anastomoses, but if the distal ones are affected the results are permanent. The anæsthetized part of the brain mortifies, while in its vicinity, owing to increased force of the blood-current, inflammatory exudation (red softening) or serous effusion (white softening) takes place. These three conditions often concur, a necrotic, yellow patch of softening being surrounded by an inflamed, red area, and this again separated by cedematous brain from the healthy structure. In embolia of the carotid the symptoms are loss of consciousness and hemiplegia, often preceded by general convulsions. These symptoms soon disappear as the supply of blood is restored. When, on the other hand, the more peripheral arteries are affected, graver symptoms occur. The patients mostly drop down unconscious, as if struck with apoplexy, and hemiplegia and death may ensue immediately, or (after the return of consciousness) blindness, deafness, or loss of speech remain, or most violent eclamptic and maniacal attacks set in, succeeded at a later period by monotonous delirium. Complete recovery, even after the establishment of a collateral circulation, rarely ensues; generally, phenomena of encephalitis supervene, which may prove fatal. A partial recovery (a cyst or a cicatrix having been formed) is usually attended with a peculiar unintelligible articulation. Pigmentary embolia, affecting almost exclusively the capillaries of the gray matter, impairs the mental functions much more than the locomotive. If the pigmentary flakes accumulate rapidly, death mostly ensues with typhoid phenomena or in the form of icterus gravis, and the gray substance is found covered over with numerous minute, bloody effusions (apoplexia disseminata), each of which contains in its middle a flake of pigment. In chronic cases there is rather a gradual impairment of the intellectual functions, or the plugging of the capillaries remains quite latent, until an occasional attack of congestion leads to escape of blood. The diagnosis of cerebral embolia is difficult, especially in aged individuals. The prognosis is unfavorable. The treatment is that of cerebral hemorrhage at the commencement, subsequently of encephalitis. Forty cases, with remarks, are added, which may be perused with much advantage. A table is also given of the principal circumstances observed in thirty-two cases of cerebral embolia.

SIBLEY, S. W.—*Cases illustrating the Causes and Effects of Fibrinous Obstructions in the Arteries, both of the Brain and of other organs.*  
Med.-Chir. Trans., 1861.

Sibley divides his cases into four groups—in (1) there are eleven cases, in which a plug in one of the cerebral arteries has been found associated with disease of the brain or hemiplegia; in (2) are placed three incomplete cases, in which softening of the brain has been found associated with warty growths on the valves of the heart, but in which the state of the cerebral arteries was not ascertained; in (3) are two instances of cicatrix of the brain; in (4) are twelve examples of fibrinous deposits in the internal organs without brain affection. Sibley argues against the view that

the arterial obstruction is the effect, and not the cause, of the disease in the part supplied by the vessel. He admits that the obstruction may be in some cases produced by local arteritis, though more usually their origin is to be sought in a diseased state of the cardiac valves, or in the existence of loose clots in the heart, or of pneumonia.

**TROUSSEAU and DUMONTELLIER.**—*On Emboli of the Pulmonary Artery.*  
L'Union Médicale, Dec. 13th, 1860. Brit. Med. Journ., Feb. 23rd.

The following are their conclusions:—(1) Fibrinous obstructions of the pulmonary artery are lesions of very common occurrence. (2) Spontaneous coagulations in the pulmonary artery, formed *in situ*, may generally be distinguished from migratory clots derived from the peripheral venous system. (3) There are thus two varieties of pulmonary coagulations—one primary, due to some disease of the lung, such as pneumonia, œdema, apoplexy, &c.; and the other secondary, resulting from the migration of a peripheral venous clot. (4) Every condition of system which causes an increased amount of fibrin in the blood is favorable to coagulation. (5) Local causes of a mechanical nature may act as determining causes. (6) Organic diseases of the heart are most influential in inducing obstructions of the pulmonary artery, partly by the general cachectic condition of the system which they induce and partly by the mechanical obstacle which they offer to the pulmonary circulation.

**CONRAD.**—*On Auscultation of the Vessels.* Giessen, 1860. Canst. Jahresber., vol. ii, p. 77.

Conrad's conclusions are, that of the two sounds heard over the arteries of the neck, not only the second, but in a great number of cases also the first, is only to be regarded as a conducted heart-sound, and that the same holds good of sounds audible even as far as the crural or the middle of the brachial artery. He also observed gentle post-diastolic, intermitting venous murmurs in the neck, which were convertible by pressure into loud *bruits de diable*.

**MOORE, W. D.**—*Additional observations on Sudden Death after Furuncles of the Face.* Translated from the Hospitals-Tidende, March 5th, 1860. Dublin Hosp. Gaz., Jan. 1st.

Two cases of this kind are recorded in detail, with careful autopsies. From the furuncle veins were traced to the ophthalmic vein, and thence to the cavernous and adjacent sinuses, which contained more or less distinctly purulent matter. The walls of these veins and sinuses were thickened, their inner surface discoloured and roughened, and the epithelium abraded, while their contents were decomposed blood, pus-cells, and elementary granules. In one case suppuration had taken place within the arachnoid, in the other there was only some congestion of the veins of the pia mater. The course of the disease was rapid (two to three days); the symptoms were very uniform, viz., headache, delirium, stupor, dilatation of the pupil, difficulty of swallowing, and incontinence of urine. The writer discusses the causality and consequences of cerebral sinus phlebitis, but does not think that they have yet been fully elucidated, or that this affection *per se* sufficiently accounts for the symptoms above mentioned. (*Vide* also a case by Weber, 'Virch. Arch.', xi. 'Schmidt's Jahrb.', vol. 110, p. 304.)

NIEMEYER, P.—*Report on Internal Aneurisms.* Schmidt's Jahrb., vol. 110, p. 237.

The general results of 49 cases which Niemeyer details are as follows:—In 2 cases the heart itself was affected; in one the ascending, transverse, and descending aorta all together; in 13 the ascending aorta, including sometimes the arch, in 14 the arch of the aorta, in 3 the arteria innominata, in one the right subclavian, in five the thoracic aorta, in 6 the abdominal aorta, in 2 the mesenteric artery, in one the internal carotid, in one the left middle cerebral. Two of the cases of the third set were dissecting aneurisms. In 41 cases 35 were males, 6 females. The youngest patient was aged nineteen, the oldest eighty-four. Between the ages of nineteen and thirty years there were 5 cases, between thirty and forty there were 15, between forty and fifty 8, between fifty and sixty there were 9, between sixty and eighty-four only 4. The disease seems to be most prevalent in England, as 37 of the cases are credited to us. The duration is very various, from above twenty years to fourteen days. From 36 cases of *thoracic* aneurism, the following are the principal deductions. In 18 cases there was visible tumour, ten times at the sternal notch or at its side, eight times at the anterior thoracic wall. In 2 cases there was pulsation without tumour. A peculiar thrill was observed four times. Murmurs, not of cardiac origin, were heard seven times; once the murmur could only be heard in a certain position of the body. In 5 cases there was disease of the heart of the left ventricle as well as aneurism. Inequality of the radial pulse was observed six times, four times the right was absent or weakened, twice the left. Haemoptysis prior to the fatal issue occurred in 4 cases, in one of these from pulmonary tuberculosis. More or less marked paralysis was observed in six instances, always on the right, and once in both upper extremities. In 2 cases there were also similar nervous symptoms on the right side of the head. In 8 cases of abdominal aneurism permanent, violent pain, vomiting, and dulness, were constant symptoms. Tumour was discovered only four times, and in one of these it had another origin. Pulsation was absent three times, and murmur six. The locality of the pain in individual cases varied much. Once a sternal neuralgia was the prominent feature, once a quasi-sciatica.

WADE, W. F.—*On a Case of Aortic Aneurism, in which a communication with the Pulmonary Artery was recognised during life by means of Physical Diagnosis.* Med.-Chir. Trans., 1861.

In Wade's case two loud murmurs were heard in place of the usual sounds over the cartilage of the left fourth rib, that with the second sound being of a hissing character, and so prolonged as to continue till the commencement of the next ventricular systole. The second murmur was attended with a very considerable purring tremor. The first murmur was of loud bellows character. Both murmurs were audible high in the neck, in the back, and over all the upper part of the chest. At the apex of the heart there was only a single murmur with the cardiac first sound, the second sound was very distinct and quite natural. At the autopsy an aneurism was found springing from the origin of the aorta, and communicating with the pulmonary artery by a vertical slit, with regular margin and smooth edges, and with the right ventricle by another opening with ragged, thin margins. Valves healthy. Wade's diagnosis was based on

the non-conduction of the second murmur to the heart's apex. The aneurismal opening into the right ventricle occurred about fourteen days before death, when he had an attack of faintness, and praecordial oppression.

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*Pathogenesis of Chlorosis.*—Lond. Med. Rev., May, 1861.

An American writer advocates the view that chlorosis is owing to want of sugar-making action in the liver, and is to be cured by supplying in the diet the deficient aliment.

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**MAYER, ALEX.**—*Note to serve in the History of Rheumatism.* Amer. Med. T., Aug. 24th, 1861.

Mayer relates three cases, all ending fatally, with symptoms of apoplexy. No post-mortem was made. He offers the following conclusions:—(1) That muscular rheumatism may consecutively attack the heart in the muscular element and give rise to unnatural symptoms of excessive gravity. (2) That this rheumatism of the heart differs from pericarditis and endocarditis, concomitant of acute articular rheumatism, in auscultation revealing nothing abnormal except palpitations, in presuming that they throw the patient into an inexpressible anguish. (3) That under the influence of deep grief this affection of the heart predisposes probably to apoplexy by cerebral haemorrhage, which, in the cases observed by me, caused death.

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**WILKS, S.**—*Report on Pyæmia and some allied affections.* Guy's Hosp. Reports, vol. vii, 1861.

With regard to the nature of the disease, Wilks states his opinion that pus or its elements or germs give rise to purulent deposits or inflammatory materials which are the earlier stages of the purulent process, and in the same way as fibrin in the blood gives rise to fibrinous effusions elsewhere, or cancer-germs in the same fluid set up cancerous growths at a distance. The channel of infection is probably some small vein which has taken up the morbid matter. The effect of this matter being introduced into the blood is to cause coagulation, either in the large vessels or in the capillary system of the viscera, with congestion. This congestion passes through various stages till it terminates in suppuration or sloughing. In fatal cases death cannot always be accounted for by the morbid changes, but results probably from the effect of the blood disease on the nervous system. The lungs are the organs principally affected, often exclusively; it is only in rare cases that they escape while other parts are attacked. The heart suffers only in the worst cases; the brain very rarely. The old opinion, that the liver is especially affected in cases of injury to the cranium, is not confirmed. A firm, granular exudation may be effused on the mucous surface of the ileum. Serous membranes are only inflamed by their contiguity to visceral foci of disease. In the more chronic cases abscess often takes place in the joints and on the surface of the body. Yellowness of the skin, amounting to actual jaundice, is not unfrequent, but is not easily accounted for. A series of fifty-five cases illustrates pyæmia following injury to the bones on amputation. Six are given of pyæmia following injury to the cranium. The histories of twenty-one relate to external abscess, followed by pyæmia. Series v contains ten

cases of pyæmia following superficial wounds, internal abscesses, &c., also the so-styled idiopathic. Series VI consists of eighteen cases of pyæmia following disease of the urinary organs, connected with stricture, lithotomy, extravasation of urine, &c. Series VII gives three cases of pyæmia resulting from carbuncle. Series VIII, IX, X, XI, treat of pyæmia from aural disease and ocular, from burns, and from uterine affections. Series XII, XIII, XIV, relate to the association of pyæmia with erysipelas, gangrene, and phlebitis. Series XV contains cases and remarks on death by exhaustion in connexion with pyæmia. Series XVI and XVII illustrate the occurrence of fibrinous concretions in the pulmonary artery and in the arterial system and viscera. With regard to these, Wilks considers that it is quite possible the concretion may be produced by excess of fibrin in the blood, with a general cachectic condition, or may be deposited secondarily to the affection of the viscous to which the vessel leads, or in consequence of disease of the coats of the latter. He says—"Just as pus propagates pus, so does fibrin appear to produce fibrin." Series XVIII contains some cases and remarks tending to approximate the secondary deposits of pyæmia and new growths. Series XIX treats of pyæmia cured.

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RIGLER.—*On Ammoniæmia.* Wien. Med. Wochenschr., 11 to 13, 1861.  
Schmidt's Jahrb., vol. 112, p. 175.

Rigler considers that ammoniæmia and uræmia cannot be accurately separated, inasmuch as the first gives rise to the second, and the converse. He gives, however, nine points of distinction between the two states; some of these are the greater thirst and more frequent vomiting in ammoniæmia, as well as rigors; the earlier occurrence of epileptoid paroxysms and of intellectual and sensory disorder in uræmia; the tendency to marasmus, mummification, and general erethism in ammoniæmia.

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FONSSAGRIVES and WOILLEZ.—*On Engorgement of the Bronchial Glands in Adults as a cause of Asphyxia.* L'Union Méd., Oct. 10th and 15th, 1861. Brit. Med. Journ., Nov. 30th.

After describing (1) tubercular engorgement, (2) melanic hypertrophy, (3) simple hypertrophy, (4) cancerous engorgement, Fonssagrives points out the following as the principal diagnostic symptoms:—increasing dyspnoea, accompanied by a crisis or an attack of suffocation; cough habitually dry, or followed by frothy expectoration, occurring in paroxysms and accompanied by attacks of suffocation; pain either absent or very severe and obstinate, and when acute, referred to the side of the chest corresponding with the seat of disease; most commonly a simple sensation of oppression in the anterior part of the chest; weakness of voice, or asphyxia, which in one case appeared suddenly; and jerking, irregular respiration at the moment of the attacks of suffocation. The percussion sound is normal or exaggerated. Palpitation often detects an increase of the normal thoracic vibrations, and, under one or the other, clavicle *frottements*, due to large, sonorous râles, which are audible even at a distance, and to which Fonssagrives attaches much importance. There is also weakness of the respiratory murmur, which Woillez regards as a valuable sign, but Fonssagrives does not. The subacute or chronic

progress of the disease in itself usefully aids the diagnosis, regard being paid to the permanent dyspnœa gradually increasing in intensity, and to the return, at shorter and shorter intervals, of the paroxysms of suffocation, which form the most prominent and most painful features of the disease. The duration of the malady has been found to vary from fourteen days to six months. Males from the ages of twenty-four to forty-two have been found affected—not females.

**BINTON, W.**—*On the Treatment of Tubercular Hæmoptysis.* Lancet, Nov. 30th.

Brinton states that the slighter forms belonging to the first and second stages spontaneously cease, but that the graver attacks of the third stage are best treated by Tinct. Digitalis 3ss—3iss, in four or six doses daily.

**MICHEL.**—*On certain Transformations of Erectile and Cavernous Tissue.*

Gaz. de Strasb., 5, 1860. Schmidt's Jahrb., vol. 110, p. 16.

Michel records four cases, in the first of which cystic transformation occurred spontaneously, in the others after cauterization or simple puncture.

## RESPIRATORY SYSTEM.

**SEITZ.**—*Auscultation and Percussion of the Respiratory Organs, with an Introduction by F. LAMMIMEN on the physical theory of the subject.* Erlangen, 1860. Canst. Jahrb., vol. ii, p. 70.

**TÜRCK.**—*Practical Introduction to Laryngoscopy.* Wien, 1860. (Titles of eleven other communications on the same subject, the matter of which is contained in the first cited.) Canst. Jahrb., vol. ii, p. 81.

**ALISON, S. S.**—*The Physical Examination of the Chest in Pulmonary Consumption and its intercurrent diseases.* pp. 447.

**PRIDHAM, T. L.**—*On Asthma; the result of treatment of nearly one hundred cases.*

**PAUSE, H.**—*Pneumonia, its nature and rational treatment.* Leipzig, 1861.

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- BRANDICOURT.—*Case of Pneumonia terminated by an internal purulent collection in the Lumbar Region.* Gaz. Méd. de Paris, 1860, No. 17. Canst. Jahresber., vol. iii, p. 201.
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- KELLEE, W.—*Empyema, with consecutive Pneumothorax, without perforation of the Pleura.* Amer. Journ. of Med. Sc., Jan., 1861.
- AYER and CABOT.—*Two successful Cases of Tracheotomy in Croup.* Boston Med. and Surg. Journ., Feb., 1861. Amer. Journ. of Med. Sc., April, 1861.
- JOHNS, C.—*Report of a Case of Diphtheria terminating in Membranous Croup; operation of Tracheotomy; recovery.* Amer. Med. Times, July 27th.
- ISHAM, R. N.—*Successful Laryngotomy for Tonsillitis inducing œdema of the glottis.* Amer. Med. Times, Jan. 12th.
- THOMPSON, H.—*Tracheotomy for Laryngitis in a case of Labour.* Lancet, April 27th.
- HILLIER, T.—*On Tracheotomy and Laryngotomy in Diphtheria.* Med. Times and Gaz., Feb. 23rd.
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- MARSH, Sir H.—*Emphysema of the Lungs.* Dublin Med. Press, March 13th.

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- DIDAY.—*Prophylactic Treatment of Singers' Hoarseness (nitric acid internally).* Gaz. Méd. de Lyon, 1860. Canst. Jahresb., vol. iii, p. 215.
- LANELONGUE.—*Case of a Pleuritic Effusion evacuated through the Bronchial Tubes; cure.* J. de Méd. de Bordeaux, March, 1860. Canst. Jahresber., vol. iii, p. 215.
- BRUNNICH.—*Two Cases of Empyema, with remarks.* Hospit. Tidende, Sept. 21st, 1859. Dublin Hosp. Gaz., July 1st, 15th, 1861.
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- WUNDERLICH, C. A.—*On Peripleuritis.* Arch. d. Heilk., ii, 1, 1861. Schmidt's Jahrb., vol. 111, p. 37.
- GEIGEL, A.—*Cases of Empyema Necessitatis.* Würzb. Med. Ztschr., i, 1860. Schmidt's Jahrb., vol. 109, p. 183.
- WOODFALL, J. W.—*Case of Paracentesis Thoracis; successful.* Brit. Med. Journ., Nov. 16th.
- HOUSSARD.—*Pulmonary Hæmorrhage from mere Hyperæmia.* Bull. de l'Acad., Nov., 1860. Schmidt's Jahrb., vol. 112, p. 182.
- Report on the alleged dangers from Inhalation of Sulphuric Ether.* Boston Med. and Surg. Journ., vol. lxv. Med. Times and Gaz., Dec. 7th.
- MCCORMAC, H.—*On the true Nature and absolute Preventibility of Tubercular Consumption.* Dublin Quart. Journ. of Med. Science, Nov., 1861.
- SANDWITH, H.—*Two Cases of Apnoea, showing the value of direct Inflation of the Lungs.* Brit. Med. Journ., Dec. 28th.
- TROUSSEAU.—*On Ozæna.* Gaz. des Hôpits., 1860, No. 25. Canst. Jahresber., vol. iii, p. 195.
- OZANAM.—*On the curative action of Bromine in Pseudo-membranous Affections.* Gazz. Med. Ital. Lombard., 1860, No. 16. Canst. Jahresber., vol. iii, p. 195.
- FOURNIÉ.—*Note on Cauterization of the Larynx, followed by a description of a Laryngeal Caustic-holder.* Union Méd., 1860, No. 133. Canst. Jahresber., vol. iii, p. 195.
- DE LALANDE, L.—*Œdema of the Glottis.* Annal. de la Soc. Anat. Chir. de Bruges, Jan., Feb., 1860. Canst. Jahresber., vol. iii, p. 199.

WOLTERSON.—*A Case of Cœdema of the Glottis successfully treated by Scarification.* Med. Zeitung, herausg. v. d. Vereine f. Heilk. in Preussen, No. 37, 1860. Canstatt's Jahresber., vol. iii, p. 199.

FLINT, A.—*Lectures on Auscultation.* Amer. Med. Times, Oct. 5th, 12th, 19th, 26th, Nov. 2nd.

Flint distinguishes the intensity, quality, and pitch of percussion sounds. He affirms, as a general law, without exceptions, that whenever the vesicular quality in percussion sounds is morbidly diminished or lost, the pitch of the sound becomes higher than that of the resonance of health. The vesicular resonance differs in different persons. It is greater in most cases at the left apex than at the right. Vesiculo-tympanic is a peculiar form of resonance heard in the upper part of one side of the chest when the lower is occupied by fluid or by hepatized lung, or when in the upper part of the lung a notable amount of tubercular deposit intervenes between the bronchial tubes and walls of the chest.

CHURCH, W. H.—*Description and use of the Laryngoscope.* Amer. Med. Times, March 16th.

Church describes a contrivance by which the tongue is kept depressed without it being necessary to hold it down by a spatula. He confirms Czermak's statement, and gives some cases of his own where local treatment directed by the laryngoscope was of great service.

GERHARDT.—*On the application of the Speculum Laryngis.* Würzb. Med. Ztschr., vol. i, 1860. Canst. Jahresb., vol. ii, p. 81.

The most novel observations made by Gerhardt relate to derangements of the movements of the larynx, e.g.—(1) A triangular, open space is observed between the arytenoid cartilages during the closure of the glottis, with coexisting aphonia or hoarseness. (2) The vocal cords, even in deep respiration, remain parallel close to each other, as during the action of the thyro-arytenoids. (3) An oblique, fixed position of one arytenoid cartilage and its vocal cord, or lessened mobility of one vocal cord. (4) Defective vibration of the vocal cords on uttering a deep tone.

SEMELEDER.—*On examination of the Naso-guttural Space.* Zeitschr. der k. k. gesellsch. d. Aerzte zu Wien, No. 19, 1860. Canst. Jahresb., voi. ii, p. 81.

Semeleder gives full details as to the mode of managing the soft palate and tongue, and getting a view of the posterior nares and Eustachian tubes. The velum is to be raised and carried forwards and upwards, the tongue depressed.

GERHARDT, C., and ROTH, F.—*On Syphilitic Diseases of the Larynx.* Virchow's Archiv, vol. xxi, p. 7. Brit. and For. Med.-Chir. Rev., July, 1861.

Out of fifty-six syphilitic patients the authors found eighteen affected by disease of the larynx. According to Ricord, the proportion of cases of laryngeal disease is greater among those who have tertiary than those who have secondary symptoms. Laryngitis is often considered as the result of cold or other irritation when it is really produced by syphilis.

**BECKER** (of Dorum).—*Remarks on the Nature and Treatment of Croup.*  
Deutsche Klinik, No. 24, 1860. Canst. Jahresb., vol. iii, p. 195.

Becker states that, in a district near the mouth of the Weser, on the coast of the North Sea, there died within twenty-five years 212 children, out of a population of 8000, with symptoms of croup. The whole number of patients with cervical affections during the same time amounted to 848, the chief forms of disease being—(1) acute catarrh; (2) inflammation of the trachea and larynx; (3) diphtheritic ulceration of the throat, larynx, and trachea. The first is the commonest, and prevails in the spring. The second prevails at all seasons when there is a cold, keen wind. The third attacks children from two to six years old, in misty, damp, cold weather. It is infectious and very dangerous, and requires caustics.

**WHITTLE, E.**—*On Croup.* Dublin Quart. Journ. of Med. Sc., Feb.

Whittle divides croup-like affections into seven varieties—(1) *Cynanche trachealis* of Cullen, true croup, with formation of false membrane. (2) *Angina stridula* of Bretonneau, pseudo-croup of Guersant, acute asthma of Millar; it is characterised by intense inflammation of the lining membrane of the larynx and trachea, but without formation of false membrane. (3) *Croup, complicating diphtheria.* (4) *Sympathetic croup*, occurring in the exanthemata, disappearing when the eruption comes out. (5) *Croup caused by an ulcerated condition of the larynx*, either syphilitic or following the ulcerated throat of scarlatina or variola. (6) *Mechanical croup*, depending on a puckered condition of the glottis from oedema, &c. (7) *Nervous croup*, laryngismus stridulus. In the treatment of the first two forms, Whittle advises a warm bath and emetic, followed by nitre and Dover's powder, and not to delay tracheotomy if the symptoms do not yield. In the other forms, except (4) and (7), tracheotomy, or topical applications are mostly required.

**KIDD, G. H.**—*On the Pathology of Asthma.* Dublin Quart. Journ. of Med. Sci., May, 1861.

Kidd dwells on the following points, which he thinks he has proved:—1st. That during the paroxysm of asthma, the chest is distended to the greatest possible extent. 2nd. That all the muscles of inspiration are in spasmotic action (tonic spasm). 3rd. That the bronchial muscles are muscles of inspiration, and associated in the spasmotic action with the other muscles of inspiration. 4th. That breathing is carried on by bringing a voluntary effort to aid the muscles of expiration, and that as soon as this is relaxed, the muscles of inspiration, like so many stretched bands of india rubber, distend the chest again. The spasm he traces to some morbid action in the medulla oblongata.

**DUCLOS.**—*Nature and Treatment of Asthma.* Bull. Gén. de Thérap., April 15th. Brit. Med. Journ., May 11th.

Duclos regards asthma as the manifestation in the air-tubes of an heretic diathesis, the varieties of asthma corresponding with various forms of skin disease. He gives as remedies sulphur or arsenic.

SALTER, H. H.—*On the Pathology of Asthma.* Med. Times and Gaz., Nov. 9th, 16th.

Salter, advertiring to Kidd's view, shows that the clinical phenomena on which the latter principally relies are all equally explicable on his own. Thus, the chest-distension is dependent on the demand for air, and is observed in all states of insufficient aeration of the blood. The locked-up condition of the air naturally results from bronchial spasm. The special difficulty and prolongation of expiration depends on the expiratory force being much weaker than the inspiratory. Further, the following facts are opposed to Kidd's view.—(1) The bronchial muscles are not muscles of inspiration, and if they were, they would, by contracting in inspiration, obstruct the access of air. (2) The evidence we have that in asthma a partial vacuum is formed in the chest is inconsistent with the view of tetanic rigidity of the walls. (3) The kind of contraction of the respiratory muscles in asthma is not that of tonic spasm, but intermittent, regular, rhythmical, and co-ordinated. (4) The promoting effect of pulmonary disease as regards asthma points to the bronchial system itself, as being primarily affected. He replies to Dr. Kidd's argument in favour of the bronchial muscles being contracted in inspiration, from the greater length of the inspiratory act, that this is so because the inspiratory force has to overcome resistance, while the expiratory is unopposed.

DELIUX.—Bull. de Thérap., 60, Feb., 1861. Schmidt's Jahrb., vol. 112, p. 168.

Recommends resin in chronic laryngeal and bronchial affections, and in granulous pharyngitis. It may be taken internally or smoked.

BEAU.—*On Pertussis.* Med. Times and Gaz., Sept. 14th.

Beau believes pertussis to consist in a purulent inflammation of the infundibulum above the glottis, and the paroxysms of cough to be caused by drops of pus falling on the vocal cords. Laryngoscopic and post-mortem examination have verified his views.

GIBB, G. D.—*Hæmorrhage from the Ears in Hooping-cough; its real cause.* Brit. Med. Journ., Oct. 26th.

In four cases Gibb has met with hæmorrhage of this kind, in two the bleeding came from both ears. Examination showed that laceration of the membrana tympani had occurred in all the affected ears. In four the laceration was near the margin, and in two it extended towards the middle. All healed up by adhesion, except one, which was followed by suppuration and permanent deafness of the one ear.

WRIGHT, H.—*The Treatment of Hooping-cough.* Lancet, May 25th.

Wright recommends the following combination—Vini Antimonii  $\text{m}_{xx}$ , Tinct. Aconiti  $\text{m}_{iv}$ , Ferri Pot. Tart. gr. viij, Aquæ  $\text{z}_j$ , M.—thrice in the day and twice at night. The above is the dose for an adult, that for a child will, of course, be less. Either ingredient is to be increased according as the inflammatory element, the muscular spasm, or the nervous impressibility predominates.

**ACKERMAN.**—*Cerebral Circulation in Asphyxia.* Arch. f. Path. Anat., tom. xv, p. 401. Lond. Med. Rev., May, 1861.

Ackerman induced asphyxia in an animal into whose cranium he had inserted, after trephining, a piece of glass. The brain was invariably in a state of anaemia during asphyxia, especially when the head was raised above the trunk.

**SMITH, A.**—*On the Treatment of Dyspnæa.* Amer. Med. Times, March 30th.

Smith recommends in severe cases inhalation of oxygen or protoxide of nitrogen. In protracted cases the diet should be animal, and the compensatory action of the skin and lungs brought into play.

**OPPOLZER.**—*On Pulmonary Cœdema.* Allgem. Wiener Med. Ztg., 1860. Nos. 36, 38. Canst. Jahrest., vol. iii, p. 209.

Oppolzer locates this effusion in the interstices of the air-cells. The acute form is very dangerous, and may cause death in a few minutes. To diagnose it correctly one must consider, not only the apparent symptoms, but the kind of diseases in which we are taught by experience that pulmonary cœdema is most frequent. These are pneumonia, bronchitis, acute exanthemata, cardiac disease, and morbus Brightii. Dyspnæa, cyanosis, loud rhonchi, are the signs which generally announce pulmonary cœdema. Venesection, emetics, drastic purges, or diuretics, are the remedies advised.

**BIERMER, ANT.**—*On the Theory and Anatomy of Bronchial Dilatation.* Virch. Arch., xix, 1860. Schmidt's Jahrb., vol. 109, p. 180.

Biermer discusses separately the influence of the probable causes of this disorder. Of the mechanical, he thinks that the outward pressure of stagnating secretion, and increased pressure of the air in the tubes, are not of themselves sufficient to cause dilatation. Inspiratory efforts in non-expansive states of the lung, and extra-bronchial traction of the condensed pulmonary tissue, he regards as more efficient. Of the textural changes produced by mal-nutrition, he considers successively those of the bronchi, pulmonary tissue, and pleura, but does not decide which of these has most to do in causing dilatation. In eighteen of fifty-four cases the pulmonary tissue was healthy, but pleural adhesions existed. He seems inclined to attribute to these some causative influence, but if this be not admitted, the bronchiektasis was independent.

**TRAUBE.**—*On the Penetration of fine Carbonaceous Particles into the interior of the Respiratory Organs.* Deutsche Klinik, 49, 50, 1860. Schmidt's Jahrb., vol. 110, p. 299.

Traube gives in detail the case of a man, aged fifty-four, who had been exposed for twelve years till the last three months to the dust of charcoal, and had often observed that his sputa were black. In his expectoration were found numerous free, black particles, of very irregular, angular shape, and sometimes of large size. Some of these presented structural peculiarities identifying them with the wood of *Pinus silvestris*. Occasionally the black particles were contained in pulmonary epithelial particles. At the autopsy the lungs were found free from structural lesion, but almost

everywhere of a dark-black colour. A copious amount of black fluid exuded on pressure, staining the finger like Indian ink, and exhibiting the same particles as had been found in the sputa. Traube is inclined to believe that derangement of the ciliary action of the bronchial surface is essential to the accumulation of carbonaceous matter in the lungs, inasmuch as many persons continually inhale a dusty atmosphere of this kind without suffering.

**STROHL.**—*On the Treatment of Pneumonia by the Acetate of Lead.*  
Gaz. Méd. de Strasbourg, 1860. Brit. and For. Med.-Chir. Rev.,  
July, 1861.

Strohl gives the drug in full doses to the exclusion of all other remedies except bloodletting in cases of great congestion. As soon as resolution begins Strohl discontinues the lead, and convalescence goes on spontaneously.

**FLINT, A.**—*Clinical Lecture.—Pneumonia; physical examination of Pulmonary Cavities.* Amer. Med. T., April 6th.

Flint dwells on the distinctive character of cavernous as compared with bronchial respiration, the former consisting of a low-pitched, non-vesicular, inspiratory sound, with an expiratory still lower in pitch, while the latter is marked by a high-pitched, tubular inspiration, with an expiratory sound still higher. Between the bronchial and the cavernous whisper there is a similar difference.

**FLINT, A.**—*Clinical Report on Pneumonia, based on an analysis of 133 Cases.* Amer. J. of Med. Sc., Jan., 1861.

Flint examines his cases with regard to locality inhabited, season, sex, occupation, habits, seat and extent of disease, complications and duration. With regard to treatment, his experience leads him to abandon bloodletting, tartar-emetic, mercury, counter-irritants, cathartics and laxatives. In place of these he uses opium and quinine pretty freely, with alcoholic stimulants and concentrated nourishment. The total mortality was thirty-five, or 26 per cent. At Buffalo it was about 17, at New Orleans 32, and at Louisville 63 per cent. In three cases recovery ensued without any treatment.

**FLINT, A.**—*Abstract of a Clinical Lecture on Pneumonia.* Amer. Med. T., March 9th. Brit. Med. Journ., May 11th.

Flint dwells on the prodigious amount of material often effused into the pulmonary cavities, and the consequent diminution of the mass of the blood. In correspondence with this is the fact that such patients do not generally die by apnoea, but by asthenia. He therefore considers the best proceeding to be—(1) to give opium in sufficient doses to tranquillise the system, to render it as tolerant as possible of the local affection, and to promote sleep; (2) to support the system by alcoholic stimulants and concentrated nourishment.

**GRIESINGER.**—*Résumé of Seventy-two Cases of Pneumonia.* Arch. d. Heilk., i, 5, 1860. Constat's Jahresber., vol. iii, p. 201.

These cases occurred in the three years from May, 1854, to April, 1860. In the last two and first two months of the six years there occurred 42,

in June and July 7, in August and September 0. Forty-five per cent. of all the cases were under thirty years. Left-side pneumonia was notably more frequent among females than males. In 66 cases the disease set in rapidly, mostly with sharp rigors. A pulse of 120 and upwards was observed in 9 cases below the age of fourteen, who all recovered; the same was noted in 31 adults, of whom 10 died. Delirium occurred in 8 of the 10 fatal and in 11 of the 62 recovered cases. Icterus occurred twice among the fatal (10) and twice among the non-fatal (62) cases. Herpes of the nose or lips was noticed in 2 of the fatal, and in 35 of the non-fatal cases. The mortality rose with advancing age; of 33 patients under the age of thirty, 0 died; of 10 between thirty and forty, 1; of 7 between fifty and sixty, 3; of 6 between sixty and seventy, 3. Treatment was essentially symptomatic; venesection was resorted to only twice.

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**ROTH, F.—Contribution to the Statistics of Pneumonia.** Würzb. Med. Zeitschr., i, 3, 4. Canstatt's Jahresber., vol. iii, p. 201.

Among Roth's patients in the course of three years from May, 1857, to April, 1860, the pneumonic cases amounted to 4·79 per cent. The mortality was 18·94 per cent., 45 dying out of 237. Comparing Roth's results with those of Bamberger, Lebert, Griesinger, Rigler, Hirsch, Hamernjk, and the Vienna Hospital physicians, it is evident that the mortality in different years varies considerably. Social influences are also to be taken into account, e.g. whether patients are brought from a distance in the country or from the immediately adjacent town. In some places double pneumonias are more frequent than in others, and in these there will be a heavier mortality. The mortality among females is much greater than among males, 23·59 : 16·21 per cent. Veratrin was tried in four cases, and the results seem to be favorable.

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**WILLIAMS, T.—On the uncertainty of the Sputum as a Diagnostic Feature in Pneumonia.** Lancet, Sept. 7th.

Williams observed thirty cases, of which twenty-six occurred in the same season, and therefore under the same climatal conditions. In five only was there rusty expectoration, in one it was haemoptysical, in one it was prune-juice, in two the sputa were slightly tinged, in three they were simply clear mucus, in twenty there was no cough or expectoration.

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**RUSSELL, J.—On the use of Stimulants in Pneumonia.** Brit. Med. J., March 2nd.

Russell believes that disease at the present day does not endure depleting or even depressing treatment to the same extent as in former days. He also believes that inflammation need not run its course, but that it may be cut short. With regard to stimulants, he considers that their use must be regulated by the circumstances presented to us, and that they may be therefore positively injurious, or, on the contrary, absolutely necessary. In particular, he observes that full doses of brandy, where required, cause no intoxication, and that under their use the local symptoms disappear very rapidly. He gives eight very illustrative cases of different kinds of pneumonia and of the correspondingly different treatment found beneficial.

BERTIN.—*Baths of Compressed Air in the treatment of Emphysema and Asthma.* Gaz. Méd. de Lyons, Feb. 1st. Brit. Med. J., March 16th.

Of ninety-two cases of long-standing emphysema, sixty-seven were completely cured, all the others were greatly relieved.

MACARIO.—*On Pneumonic Paralysis.* Union Méd., 1859, No. 32. Canst. Jahresb., vol. iii, p. 201.

Four cases of pneumonia were treated with emetics, leeches, and vesicants successfully, but during their convalescence were affected more or less by general paraplegia (*allgemeine paraplegie*). Macario believes this to have been of dynamic character.

DRASCHE.—*On Icterus in Pneumonia.* Oesterrh. Ztschr. f. prakt. Heilk., 1860, No. 23. Canst. Jahresber., vol. iii, p. 201.

Drasche states that in some well-marked cases biliary pigment cannot be demonstrated in the urine. The stools are rarely pale. The jaundice sometimes appears before the lung affection has declared itself, usually not till hepatization has set in. In thirty-four cases icterus was observed nineteen times. In eight of these the right lung was affected, and in five of these, again, the base, in one the whole lung, in one the apex, in one the lower lobe. In seven cases of left-sided pneumonia jaundice occurred, and in four of double pneumonia. The cause of icterus in pulmonary inflammation Drasche ascribes mostly to hepatic congestion, the return of the venous blood to the heart being delayed by the diminished permeability of the lungs. The congested portal veins compress the adjacent biliary ducts, and so in a mechanical way give rise to jaundice. Icterus produced in this way has no especial value in prognosis. It may, however, be produced also by acute tumefaction of the mucous lining of the duodenum, and is then attended with gastric symptoms. There is yet another variety, associated with typhoid symptoms, in which the urine is fiery red, contains no bile-pigment, but albumen and fibrinous casts. Hepatization in such may not be extensive, and nothing is found to explain the appearance of jaundice, but they are more dangerous than others. Out of nineteen cases of icterode pneumonia bile-pigment was present in the urine of fourteen, and of these three only died, while of the five in which the urine contained no bile two died.

CHARCOT.—*On Chronic Pneumonia.* Thesis, Paris, 1860. Canst. Jahresber., vol. iii, p. 207.

This disease may either be a sequel of an acute pneumonia, which happens most often, or it commences with insidious, obscure phenomena. In bad cases it is attended with hectic fever and uncontrollable diarrhoea, and the patients die in a state of marasmus. The duration of the disease is from two to twelve months. Its causes are very obscure, but seem to be such as give rise to general cachexiae. Gray induration, with fibroid thickening, are the anatomical changes which are most characteristic. The indurating matter is amorphous and very granular. Treatment must consist of revulsives and tonics.

ARAN.—*Medico-Chirurgical Treatment of Pleurisy.* J. de Méd. et de Chir. Prat., June, 1860. Ann. par Jamain, 1861, p. 32.

Aran contents himself, if the effusion is moderate, with rest in bed, warm drinks, and restricted diet. If the case is more urgent he performs thoracentesis, which he has practised above 250 times without any disaster.

**ROSTAN.**—*On Thoracentesis, its Indications, and Contra-indications in Pleurisy.* Gaz. des Hôp., 1860, Nos. 98, 99. Canst. Jahresber., vol. iii, p. 215.

Rostan holds the operation advisable—(1) when the effusion is very copious, (2) when it is increasing rapidly, (3) when it has existed three or four weeks. The only contra-indication is gangrene of the lungs or pleura.

**GERHARDT.**—*On the Position of the Diaphragm.* Tübingen, 1860. Canst. Jahresber., vol. ii, p. 74.

Gerhardt examines in considerable detail the various causes that affect the position of the diaphragm, and of the heart, liver, and spleen, and states twenty-two propositions respecting them. He says the position of the diaphragm depends on the elastic traction of the lungs and the tension of the abdominal organs on the one hand, and on the amount of its muscular contraction and its weighting by the adjacent organs on the other. The true upper boundary of the liver, corresponding with the most elevated position of the diaphragm, cannot be accurately determined in the living subject, but any considerable alterations in the above may be ascertained from the position of the lower border of the liver. Paralysis of the diaphragm can only raise its position, and, therefore, can in no way explain its altered position in emphysema or empyema.

**GERHARDT.**—*Observations bearing on Physical Diagnosis.* Archiv f. Physiol. Heilk., N. F., vol. iii, 1859. Canst. Jahresber., vol. ii, p. 74.

Gerhardt designates as *complementary portions of the thoracic space* those which, during quiet breathing, are unoccupied by lung, and where the costal and parietal layers of pleura are in contact, but which, on deep inspiration and in favorable positions, are occupied by expanded lung. In the left lateral posture the liver descends more on the right than on the left, drawing down the diaphragm, and if a deep respiration be now taken, the pulmonary resonance will be distinctly recognisable on percussion as far down as the tenth rib in the axillary vertical line, it being presumed that the lung is healthy and free from adhesions. Deep inspiration alone, or position alone, will produce only half the effect. Adhesions may, however, by possibility, fix the lung at any part of the complementary space. According to Hamernik and Donders, the whole of the region of the heart's dulness is to be considered as a complementary thoracic space.

**V. ZDEKAUER.**—*On the Treatment of Pulmonary Hæmorrhage.* Wien. Med. Wochenschr., xi, 1861. Schmidt's Jahrb., vol. 112, p. 182.

By means of Matthieu's liquid pulverizer, Zdekauer introduces dilute Tinct. Ferri Mur. (m xx ad Aq. 3vj) with the inhaled air into the lungs. He relates five cases of grave character, in which the treatment was successful. In one, which subsequently died, an unusual amount of iron was found in the lungs.

HILL, W. R.—*An Analysis of 220 Cases of Pulmonary Consumption.*  
Brit. and For. Med.-Chir. Rev., Oct., 1861.

Of these (observed at the Brompton Hospital) 152 were males and 68 females. Of the whole, 104 were decidedly improved, 25 unimproved, 41 got worse, and 50 died. Hill follows Virchow's account of the cellular nature of tubercle. The female sex is attacked in a much larger proportion than the male before the age of thirty, and in a still larger ratio before twenty. As to hereditary predisposition, 46·5 per cent. had consanguineous relatives, while 53·5 per cent. had none. The predisposition is greater in females than in males—(3 : 2). As to physical signs, Hill admits that dull percussion may be absent—(1) when emphysema exists, (2) when the other side is greatly more diseased, (3) when miliary tubercle is scattered through the lung. He has noted deficient respiratory murmur, rough or uneven, and harsh, as deviations from the normal state, which at a later period have been proved to result from commencing tubercular deposit. Haemoptysis occurred in 75 per cent., 5 deaths took place where it was very profuse, and in 4 of these there were large vomiceæ. It is difficult to ascertain whether haemoptysis may not precede the cough; patients are positive that it does, and that by many months. Among Hill's cases the right lung was most diseased in 65 per cent. of the males, and only in 45·7 per cent. of the females.

STAVELEY KING, H.—*On the relative value of the Physical Signs of Early Phthisis.* Lond. Med. Rev., June, 1861.

Staveley King dwells on the little value of percussion in the early stages, as above the clavicle a great variety of sounds can be elicited by slight variations in the mode of percussing, and below the clavicle the sound is naturally duller on the right side. With regard to breath-sounds, King is of opinion that simple deficiency of the secretion proper to mucous membranes is sufficient to convert the vesicular into dry types of respiration, from the simple manifestation of the expiratory sound to unmistakeable bronchial breathing. Jerking respiration he considers a valuable sign, and also vocal fremitus. The preponderance of elevation over expansion movements he considers very significant.

FLINT, A.—*Clinical Report on the treatment of Phthisis by Pot. Chlorat.*  
Amer. Journ. of Med. Sc., Oct., 1861.

In full doses—3*iiij*—3*iv* per diem—Flint found the drug to exert no special efficacy in arresting or retarding the disease. No bad effect was produced.

COTTON, R. P.—*On the action of Phosphorus upon Phthisis.* Med. Times and Gaz., July 6th.

Cotton gave to 25 patients *mv*—*x* of Ol. Phosphor. (Prussian Pharm.) for some length of time (1—8 weeks) bis vel ter die. The result was, that 4 improved greatly, 5 slightly, and 16 either remained stationary or became worse. He concludes that the drug exerts no specific action upon phthisis.

HARKIN, ALEX.—*On the use of Chlorate of Potass in the treatment of Consumption and Scrofula.* Dublin Quart. Journ. of Med. Sc., Nov., 1861.

Harkin considers that, in conjunction with the ordinary hygienic, dietetic, and moral means, Pot. Chlor. is a specific for consumption in its first and second stages, and that for the last it will be found most potent in controlling the hectic symptoms and the colliquative diarrhoea.

**BOUCHARDAT.**—*On the Etiology and Prophylaxis of Pulmonary Tuberculosis.* Supplement to the 'Annuaire de Thérapeutique' for 1861.

Bouchardat lays down in the first part of his paper the following law:—"Under favouring conditions of age a continuous loss of the aliments of calorification, or a continuously insufficient supply of them, regard being had to the external temperature and to the requirements of the organization, or even their being insufficiently consumed for a length of time, leads to pulmonary tuberculization. The same law he expresses also more briefly in another way, viz., a continued insufficient production of heat or exhalation of carbonic acid, regard being had to the requirements of the organism, leads to pulmonary tuberculization. He examines then the influence of age, sex, constitution, temperament, contagion, profession, exertion of the lungs, vaccination, bronchitis, or pleurisy, measles, typhoid fever, depressing moral causes, dress, climate, season, the sea, and hereditary predisposition, and endeavours to show that the effect of all these conditions, in so far as they are productive of phthisis, is explicable according to the law he has laid down. His rules of prophylaxis are summed up in the direction to "utilise the greatest possible amount of good aliments of calorification."

**DAVIS, N. S.**—*Report on the influence of Alcoholic Drinks on the development and progress of Pulmonary Tuberculosis.* Trans. of Amer. Med. Assoc., vol. xiii, 1860. Amer. Journ. of Med. Sc., Oct., 1861.

Of 210 phthisical cases, 51 were total abstainers, 15 drunkards, and the remainder had used alcoholic drinks to a greater or less extent.

**COTTON, R. P.**—*On the action of Vin. Ferri upon Phthisis.* Med. Times and Gaz., Dec. 14th.

Of 25 patients, 13 were greatly improved, 3 slightly, and 9 not at all. The dose was 3ij—3j bis die. The remedy seemed most advantageous in the cases of children and young persons.

**BEAU.**—*On Tubercular Phthisis.* Lancet, Aug. 10th, 17th.

Beau points out the existence of pain in four different regions in this disease—(1) in the middle of the back; (2) in the three upper intercostal spaces, extending, perhaps, to the cervical or brachial plexuses; (3) in the hepatic region, produced by pressure; (4) a pain felt on shampooing the thigh a little above the knee. The latter is a very characteristic sign most often met with in young, febrile females. He advocates the use of Plumbi Carb. internally as an effective remedy.

**SIMON.**—*On the employment of Iodine Inhalations in Pulmonary Phthisis.* L'Union Méd., March 16th, 1861. Brit. and For. Med.-Chir. Rev., July, 1861.

Out of 28 patients, 17 derived positive benefit from the inhalations,

both as to the general and pulmonary symptoms, and 4 might be regarded as cured.

DESCAMPS.—*On the use of Pulv. Doveri in Phthisis.* Gaz. Méd. de Lyons, Jan., 1861. Brit. and For. Med.-Chir. Rev., July, 1861.

Descamps states that it is uniformly successful in arresting the sweating.

COTTON, R. P.—*On the Action of certain substances upon Phthisis.* Med. Times and Gaz., April 13th.

Cotton found moderate doses of Liq. Potass. to be almost inert.

BENNETT, J. R.—*Results of some trials of the Hypophosphites in the treatment of Phthisis.* Med. Times and Gaz., April 27th, May 4th, 11th.

Bennett adduces twenty cases under his care, of which there were only nine in which the disease did not steadily advance while under treatment, or in which there was any evidence at all of improvement. Of these nine only four manifested any decided improvement, which, however, is not known to have been permanent.

TOULMIN, A.—*On the importance of the Skin in the pathology and treatment of Tubercular Consumption.* Lond. Med. Rev., Feb., 1861.

Toulmin regards the breathing of impure air, especially during the night, as the chief cause of tuberculous deposit. He advises in the way of treatment—(1) that by the aid of the hot-air bath all the functions of the skin be kept in healthy action; (2) that the whole surface of the body be anointed daily with some oily matter; (3) that a local ulceration on some part of the surface be kept always patent by means of an issue or seton; (4) the “ringing the changes” on cod-liver oil, Pot. Iod., mineral acids, tar, creasote, and naphtha, iodine and chlorine, iron, arsenic, and quinine, and, indeed, the class of *antiseptic medicines generally*, all of them admirable adjuvants in improving the general health (if selected in conformity with the functions most sympathising with and reacting on the disease), but powerless in arresting the specific lesion in question without the previous “open sesame” of the hot-air bath, followed by the aspersion of cold or tepid water.

HANNON.—*Caoutchouc in Phthisis.* La Presse Méd. Belge, Jan. 27th. Brit. Med. Journ., March 16th.

Hannon states a solution of caoutchouc in turpentine eases the cough, diminishes the expectoration and dyspnoea, checks the fever, night sweats, and diarrhoea, and causes the patient to gain flesh.

MAISCH and HANBURY.—*On Anacahuite Wood, a reputed remedy in Consumption.* Amer. Journ. of Pharmac., March, 1861. London Pharmac. Journ., Feb., 1861.

This wood is imported from Tampico, in Mexico, and has been used with much advantage in Berlin. From 3vij—3vijj of the wood are boiled in twelve ounces of water down to five ounces, and this is taken from twice to four times daily, combined with other remedies.

*Treatment of Phthisis by Chlorate of Potash.* Amer. Med. Monthly, Sept., 1860. Ed. Med. Journ., Jan., 1861.

Fountain, after Ol. Morrh. and iron had failed, administered in one marked case 3ss daily for six weeks, and 3ij daily for four weeks more, with the result of complete recovery.

**RULLMANN.**—*On the Therapeutic Influence of the Southern Climatic Sanatoria, particularly with reference to Chronic Tuberculosis of the Lungs.* Dublin Quart. Journ. of Med. Sc., May, 1861.

Rullmann considers that such sanatoria are certainly useful in chronic bronchial catarrh and chronic pulmonary tuberculosis of patients from the northern and central parts of Europe. They should, however, only be used as winter residences. Summer in these places, and still more tropical heats, are often very pernicious, by developing and aggravating such diseases. Moist and moderately warm climates are more suitable to cases of disease attended with a sensitive state of the bronchial mucous membrane, viscid expectoration, frequent and dry cough, and an easily excitable condition of the vascular and nervous systems. Dry and moderately warm climates appear to be secretion-limiting, tonic, gently exciting, and especially promotive of the general nutrition, and are, therefore, suited to the more torpid forms of disease.

**GARIMOND.**—*Statistics of the Montpellier Hospitals, with respect to the influence of Climate on the development and progress of Pulmonary Phthisis.* Gaz. Méd. de Paris, 1860, Nos. 1, 2. Canst. Jahresber., vol. iii, p. 211.

Garimond's figures show that the Mediterranean coast, and especially that part to which Montpellier belongs, really exercises a favorable influence on chest affections, and especially on phthisis.

**WUNDERLICH.**—*The curability of Acute Miliary Tuberculosis.* Arch. d. Heilk., i, 4, 1860. Canst. Jahresber., vol. iii, p. 211.

Wunderlich insists on the possibility of distinguishing acute miliary tuberculosis from typhus by means of temperature observations methodically conducted. The disease in question commences gradually, the fever does not increase regularly as in typhus, the pulse is not so constantly di-crotous, and the same difference in the sitting and lying postures is not perceptible. Herpes labialis may be present, or the tongue may be unusually clean, the type of respiration may be unusual, the spleen may not enlarge, diarrhoea and roseolous eruption be absent, while there is notable sweating and highly sedimentary urine. After the disease has lasted some time there begins, what Wunderlich calls "the amphibolous stage," in which there is an alternation and a mingling of partial bad symptoms. The fever may persist, or considerably remit, the patients become very emaciated and pallid, there is great thirst, often distressing cough, more or less dyspnoea, and cerebral disorder. Inflammatory changes of limited extent take place in the lungs, and predominate during this period. Some absorbent glands enlarge, and there is a remarkable tendency to haemorrhages and to thromboses. This stage may last several weeks, and either gradually give way to returning health, or be succeeded by a stormy outburst of bad symptoms ending in death, or pass into a condition of chronic tuberculosis.

## DIGESTIVE SYSTEM.

WRIGHT, H. G.—*Some remarks on a Case of Poisoning by Sir W. Burnett's Solution of Chloride of Zinc.* Lancet, Jan. 12th.

The patient, æt. 7, female, had become greatly exhausted and emaciated, all nutriment being rejected, whether given by mouth or rectum. She was gradually restored to health by milk baths, taken night and morning, absolute rest, a diet of asses' milk with lime water, cautiously improved as the digestion permitted, and supporting the abdominal muscles with thick chamois-leather plaster.

MILES, E. J.—*Report of a Case of Sarcina Ventriculi, with vomiting of Gall-stones.* Lancet, Jan. 19th.

The saccinous vomiting ceased after the ejection of two large gall-stones from the stomach and the adoption of a fluid diet.

INMAN.—*On Sore Throat.* Brit. Med. Journ., Jan. 26th.

Inman maintains that the pain of sore throat and dysphagia is due to the muscles of deglutition being unusually irritable or inflamed, and in the way of treatment he finds great advantage from soothing applications, as gargles containing laudanum. These are applicable to all forms of cynanche, even scarlatinal or diphtheritic.

GAIRDNER, W. T.—*On Ileus.* Lancet, May 25th.

Gairdner relates a case in which a very healthy girl, æt. 10, had no proper alvine evacuation for sixteen days, with, after some time, faecal vomiting, hiccup, prostration, collapse, but no fever or abdominal tenderness. No tumour could be discovered, but it seemed probable that there was some obstruction, probably an intussusception in the colon. At last faecal matter began to ooze away, and gradually the stools became more and more copious, but no slough was passed nor any trace of blood. She recovered completely.

ZIMMERMANN.—*On Dysentery, especially with regard to the participation of the Kidneys in the Disease.* Deutsche Klinik, 42—45, 1860. Schmidt's Jahrb., vol. 110, p. 35.

Zimmermann believes that the relation of the kidneys to the bowel affection may be one of the four following:—(1) There is no albumen and no casts in the urine during the whole course of the dysentery, which always terminates favorably. (2) The dysentery is severe, but it lasts a long time before exudation appears in the urine, the occurrence of which is preceded and attended by putridity of the copious stools, by status nervosus, collapse, and paralytic phenomena. Death may ensue, or recovery. (3) The disease is similar, but the renal affection occurs sooner, and death usually ensues speedily. (4) The dysentery commences with symptoms of paralysis and nervous disorder, and the urine from the first is scanty and contains abundance of exudation-products. If speedy improvement does not take place death follows, and the kidneys are found highly congested, and the tubes filled with exudation, cells, and detritus.

CUNNINGHAM.—*On the Treatment of Acute Dysentery by Ipecacuanha.*  
Edin. Med. Journ., July, 1861.

In one hour after a sinapism to the epigastrium and 3ss of Tinct. Opii, from 3j to 3iss of ipecacuanha is given in powder. This causes considerable nausea, and vomiting occurs in one or two hours. During the nausea copious perspiration takes place, the pulse becomes fuller, softer and less frequent, tenesmus and abdominal pains cease, and the patient has no more stools for twelve or twenty-four hours. The next evacuation is easy, fluid, but free from blood or mucus. Sometimes the dose of Ipecacuanha may require to be repeated.

MAHON.—*Ipecacuanha in Dysentery.* London Med. Rev., July, 1861.  
Indian Lancet.

Mahon reports the results of this treatment from an experience of 436 cases, occurring in twenty-one months. There were only six deaths, and in only one of these could the remedy be fairly said to have failed. Under other plans of treatment the mortality has varied from 12 to 22·3 per cent.

SPECK.—*On a Diarrhoea Epidemic of 1859.* Arch. f. Wissenschaft. Heilk., vol. v, 1860. Schmidt's Jahrb., vol. 110, p. 37.

The chief point of interest in this paper is the apparent dependence of the disease on the exhalations from a lake, which during this hot summer became half dried up. The lake is situated in a valley running north and south, the prevailing wind during the existence of the disease was north or north-west. The places situated to the north of the lake escaped almost entirely, those to the south suffered earlier and more severely in proportion to their proximity to the lake.

Fox, E. L.—*Five Cases of Intestinal Perforation.* Brit. Med. Journ., June 8th.

Four of the above were cases of fever (typhoid), in the fourth associated with dysentery. The fifth was one of chronic dysentery. In the second and third cases perforation was repaired as shown by the autopsy in the second, and recovery in the third. Diarrhoea was absent in at least three of the typhoid cases. Mental depression appeared to have much to do with the fatal event in two.

LUSCHKA, H.—*On Polypous Vegetations of the whole Mucous Membrane of the Large Intestine.* Virchow's Archiv, vol. xx, 1, 2.

A case is described in which the whole surface of the large intestine, from the ileo-caecal valve to the end of the rectum was covered with polypous growths, club-shaped, with terminations of the size of a hemp-seed or bean, and mostly provided with pedicles. These growths were made up in great part of glandular tubes, simple or ramified. In some parts there were diffuse elevations of the mucous membrane, which appeared to be an early stage of the same polypous formations. Death ensued from exhaustion, in consequence of recurring haemorrhagic diarrhoea. Another case is noticed, in which cysts were found in similar polypi and in the submucous tissue. They appeared to have resulted from transformations of Lieberkühn follicles.

COURBON.—*On the Remedies for Tapeworm in Abyssinia.* Bullet. Génér. de Thérap., April 30th, May 15th, 1861. Brit. and For. Med.-Chir. Rev., July, 1861.

Besides the kousso, there are six other remedies employed for this disorder, the most efficacious of which is the mesenna. This is the powdered bark of a leguminous shrub, three or four feet high, which is taken in the dose of about 3ij. The worm is not completely expelled until two or three days after the dose, which produces sero-mucous evacuations.

BOUCHARDAT.—*On the best way of administering Kousso.* Ann. de Thérap., 1861, p. 249.

Bouchardat insists on the following precautions:—(1) That joints of the worm have been passed the evening, or the evening but one, before taking the dose; (2) that very little food should be taken for twelve hours before the kousso is given.

MAYR.—*On the use of Paullinia sorbilis.* Jahrb. f. Kinderheilk., iv, 2, 1861. Schmidt's Jahrb., vol. 112, p. 21.

The powder of the seeds mixed with sugar à la p. &c., in doses rising from six to twenty-four grains  $\frac{1}{4}$  tis horis, was found very efficacious in inflammatory catarrh of the large, but not of the small, intestine.

HABERSHON, S. O.—*Vomiting as a Sign of Disease.* Guy's Hospital Reports, vol. vii, 1861.

Habershon comments upon vomiting from the following causes:—(1) Gastritis; (2) indigested food, blood, &c.; (3) irritant medicines; (4) peculiar irritability; (5) ulceration; (6) obstructive disease of pylorus; (7) cancer; (8) acute peritonitis; (9) pressure on the stomach; (10) disease of duodenum; (11) disease of liver and gall-bladder; (12) disease of supra-renal capsules; (13) hernia; (14) renal and (15) uterine disease; (16) regurgitation; (17) spinal disease; (18) commencing exanthemata; (19) cerebral disease; (20) pulmonary disease.

*Is it necessary to operate for Fistula in Ano in Consumptive People?*  
Presse Méd. Belge. Dublin Med. Press, July 3rd.

The writer is decidedly in favour of keeping up the fistula, which he regards as salutary, and as not debilitating the patient.

MARTIN, STANISLAS.—Bull. de Thérap., July, 1861. Schmidt's Jahrb., vol. 112, p. 164.

Martin recommends for the cure of fetid breath, which does not depend on any evident disease of the buccal cavity, a moderate dose of Pot. Chloras after each meal, and rinsing the mouth with a lotion of the same.

GIBB, G. D.—*On the Diseases and Injuries of the Hyoid Bone.* Lond. Med. Rev., Oct.

Gibb considers—(1) inflammation and its consequences, such as necrosis and expulsion; (2) sub-hyoid abscess; (3) thyro-hyoid inflammation and abscess; (4) thyro-hyoid cysts; (5) osseous tumours of the hyoid bone; (6) tumours springing from the hyoid periosteum; (7) eburnation of the hyoid; (8) diseases of the thyro-hyoid articulation; (9) general displacement of the entire bone; (10) disease of the bone, or of its periosteum,

by extension from the tongue and neighbouring parts; (11) hyoid neuralgia; (12) fractures of the bone; (13) laceration of structures attached to it; (14) wounds of the hyoid bone.

**JANOTA.**—*Administration of Ol. Morrh. and Iron.* Prager Vierteljahrsschr., 1861. Brit. Med. Journ., Oct. 12th.

The iron is combined with the oleic acid of the oil, precipitated carbonate of iron being first mixed with four times its weight of oleic acid, gently boiled, and then mixed with cod oil.

**MARTEN.**—*On the Operative Treatment of Peritonitis.* Dublin Quart. Journ. of Med. Sci., Aug., 1861. Virchow's Archiv, vol. xx, parts 5 and 6.

Marten advocates the removal of abdominal inflammatory effusions of puriform character by valvular incision with the knife when resorption does not occur and the general symptoms are urgent.

**OLIVIER.**—*Paracentesis of the Stomach for Acute Typanitis; recovery.* Gazz. Lomb., 29, 1860. Schmidt's Jahrb., vol. 111, p. 308.

Olivier states that he operated on twenty patients, of whom eight recovered completely in three weeks. The others died probably from not having been submitted to treatment till too late. The symptoms are those of extreme distension of the stomach, producing death by suffocation. The cause of the disease appears to be overloading the stomach with half-cooked vegetable food, and drinking badly fermented liquid, called chicha, prepared from maize. Paracentesis gives exit to a great quantity of most offensive gas (HS) and fermenting chyme. The cases occurred in Bolivia, South America.

**CHAPUIS.**—*Dry Colic in French Guyana.* Gaz. Hebd., vii, 36, 1860. Schmidt's Jahrb., vol. 111, p. 309.

Of thirty-one cases, met with in a quarter of a year, only six were instances of lead colic, twenty-five of dry. Vinous enemata, as hot as can be borne, are the best treatment in both classes.

**ARAN.**—*On the Grape Cure.* Bull. de Thér., lix, Oct., 1860. Schmidt's Jahrb., vol. 111, p. 164.

Aran does not admit that the grape and whey cures are to be compared with each other. He thinks the former chiefly useful as giving rest to the alimentary canal. Clarus (the reporter) differs from him, noticing the troublesome aphthæ and excoriations in the mouth and anus it produces, the derangement of appetite and diarrhoea, and the possible impaction of grape-stones in the processus vermiciformis.

**POLANSKY.**—*On Balneotherapy in Chronic Gastric Catarrh.* Zeitschr. d. Wiener Aerzte, No. 18, 1860. Canst. Jahresber., vol. iii, p. 241.

Polansky regards the gastric disorder as an expression of the dyscrasic character of tuberculosis, and its cessation, consequently, as a favorable sign. He seems to trust more to change of climate and mode of life than to mineral waters.

MELCHIORI.—*On Volvulus of the Sigmoid Flexure.* Annali Univers. di Medic. Milano, Oct., Nov., 1859. Canst. Jahressber, vol. iii, p. 245.

Melchiori describes how an elongated loop of the sigmoid flexure in a dead body was made by alternate insufflation and emptying (spontaneous) to twist on its own axis, so that its canal was obstructed.

#### SECRETORY SYSTEM.

CARDINALE.—*Case of Diabetes succeeding a Fall, treated successfully by Tinct. Lyttæ.* Lond. Med. Rev., Aug., 1861.

BENNETT, H.—*Case of Diabetes Mellitus, treated with Sugar beneficially.* Brit. Med. Jour., Feb. 16th.

CARTER, W. G.—*Case of Diabetes, treated successfully.* Lancet, Aug. 17th.

REID.—*Case of Disease of Pancreas; no Fatty Stools; Vomiting.* Dublin Hosp. Gaz., July 1st.

DAVIS, G.—*A Case of Chylous Urine (cured by Pot. Iod.).* Madras Quart. Jour. of Med. Science, July, 1860. Brit. and For. Med.-Chir. Rev., July, 1861.

PAVY, F. W.—*Researches on the influence of various articles of Food upon the Elimination of Sugar in a case of Diabetes, with reports of other cases treated with success by restriction to a purely animal diet.* Guy's Hosp. Reports, vol. vii, 1861.

A male, æt. 32, was kept under close observation from February 1st to March 23rd, and his urine examined at intervals of four hours. He had all the time Opii gr. j, ter die, brandy and soda water, with water ad libitum. His diet at first was the ordinary full mixed. Under this the quantity of sugar passed was 10,573 grains, that of the urine 259 oz., of sp. gr., 1037. About a week later when his diet was purely animal, he passed 127 oz. of urine, sp. gr. 1030, containing 2471 grains of sugar. On a diet of fish and beef tea the amount of urine was 163 oz., and that of the sugar 1696 grains. With Oij of jelly, two chops, and Oij of beef tea, the amount of urine was 108 oz., of sugar 569 grains. During five days Oij of milk were substituted for the beef tea; the patient did not feel so well, and the amount of sugar rose to 2225 grains the last day. With 8 oz. of suet, three chops, and Oij of beef tea, the quantity of sugar was 886 grains, of urine 103 oz. With bran biscuits, meat, and beef tea, sugar 3291 grains, urine 110 oz. Symptoms worse. After he had again improved on a purely meat diet, gluten bread was given with meat and beef tea—sugar 4539 grains, urine 173 oz. Rice, potatoes, and arrowroot, all increased the sugar pretty equally, but not so much as ordinary bread, which raised the figure to 3521 grains. With 2 lbs. of carrots the amount of sugar was 2,371 grains. Being now kept solely on animal food, a trial was made of large doses of phosphoric acid, carbonate of soda, and tartrate of potash and soda. None of these had any marked effect. He was discharged at the end of four months, looking and feeling perfectly well, the quantity of sugar in the urine varying from 959 to about 1127

grains in the twenty-four hours, the quantity from 54 to 62 oz. In another, case on a purely meat diet, with Opii gr. j. ter die, the sugar completely disappeared.

**SEAGER, J.—*On Sugar in the Urine.*** Virchow's Archiv, vol. xxi, p. 218. Brit. and For. Med.-Chir. Rev., July, 1861.

Seager gives fourteen cases of diabetes, in each of which the daily amount of sugar was determined once at least weekly. His conclusions are—(1) That elimination of sugar by the urine is either an independent disease or a symptom of another morbid process. Of fourteen cases, twelve were independent, two were symptomatic. (2) In some of the cases the sugar apparently originated from the starchy food, the increased use of flesh food causing a speedy disappearance of the urinary sugar. In others, however, the sugar-formation occurred at the cost of the gelatinous parts of the body, and remained even on an exclusively flesh diet. (3) Of the fourteen cases, eleven were men, and three women; the youngest man aged twenty, the eldest seventy-three. (4) and (5) The use of a flesh diet was found of the greatest importance, but had no effect on the disease itself, the cause of sugar-formation. Carlsbad waters were the most efficient remedy; by their use the elimination of sugar was always essentially reduced or entirely prevented, though not in all cases to an equal extent, or with the same rapidity. (6) In the earlier periods of most of the cases the reaction of the urine with Fehling's test solution was very clear and unequivocal, but in the later periods the reaction was by no means similar, and quantitative determination impossible.

**FOSTER, M.—*Case of Diabetes; cure.*** Brit. Med. Jour., Oct. 19th.

The disease appeared to originate from exposure to excessive cold; it ceased under abstinence from farinaceous food, and the use of chlorodyne  $\text{qxx}$  quatuor die.

**HILL, W. R.—*On the occurrence of Glucouria in cases of Burn.*** Arch. of Med., Jan., 1861.

Hill relates four cases in which sugar was detected in the urine some hours after the occurrence of the injury. He propounds the theory, to explain the supervention of the mellituria, that this morbid excretion is a mode of eliminating effete matters which can no longer escape by the cutaneous outlets.

**LUYS.—*Changes in the Fourth Ventricle in a case of Diabetes.*** Bullet. de la Soc. Anat., vol. v. Lond. Med. Rev., Aug., 1861.

The anterior wall of the ventricle was found highly vascular, and in a state of gelatinous softening of a brownish-yellow colour. The situation of the lesion corresponds with that which is found by experimental inquiry to produce (when injured) saccharine urine.

**KÖRNER.—*On Albuminuria in the course of Acute Diseases.*** Prag. Vierteljahrchr., lxvii, 1860. Schmidt's Jahrb., vol. 109, p. 47.

Körner states that albuminuria under the conditions referred to is preceded by signs of failure of respiration and circulation. The inspiratory action is lessened, and the expiratory becomes loud and blowing. The

specify recommends trichloride of methyl.

HAMBURGER.—*On the Albuminuric Anæmia in Scarlet* I  
Jahrschr. f. d. prakt. Heilk. Lond. Med. Rev., June, 1  
Hamburger describes three stages of the disorder—(1)  
acterised by fever of an intermittent character and by ra  
vassation and infiltration; (2) a chronic stage, in which  
follows a slowly progressive course; (3) a period of re  
commends quinine as a remarkably efficacious remedy,  
is die to children, and twice as much to adults.

MARIANO-SEMMLOLA.—*On the Nature and Cause of Albumi*  
Sept. 7th.

Mariano-Semmlola states that the quality of the precipit  
istinguishes idiopathic from symptomatic albuminuria, it  
rst case like white of egg, and in the second caseiform.  
Iso, the amount is scarcely influenced by the kind of diet,  
is doubled by a nitrogenous and reduced to a minimu  
aceous. In idiopathic albuminuria the blood, according  
emmola, contains an accumulation of an unassimilable, cr  
hich simply drains off by the kidney. The organic ch  
idney develop themselves in a ratio proportionate to the  
uality of the albumen excreted and to the duration of  
isturbance of the functions of the skin is regarded as  
buminuria, and hydrotherapy is the best treatment.

DICKINSON, W. H.—*On Disease of the Kidney accompanie*  
*nuria.* Med.-Chir. Trans., 1861.

Dickinson offers the following conclusions:—The smooth, m  
the result of chronic nephritis. This disease may beset an  
uthful being most susceptible. It results from cold, fro  
some similar cause of renal hyperæmia. It begins  
mptoms, and usually terminates under a year. It is often  
nature, or amenable to treatment.

abundant, and the sp. gr. comparatively high. Casts imbedding entire epithelial cells are characteristic of the disorder. Granular degeneration is to be recognised by a gradual failure of health, with sharpening of the features, and discolouration of the skin, while dropsy is often absent or of small extent. Frequency of micturition is observed, especially at night and there is great liability to bronchitis. There is also a tendency to valvular disease of the heart, as well as to extravasation of blood within the cranium. Epileptic convulsions sometimes occur, but a fatal state of semi-coma often comes on, without any such antecedent. The urine is increased in quantity except in the later stages, of low sp. gr., and often containing only a trace of albumen. The casts most commonly found are of coarse, granular texture. Dickinson does not consider cardiac as a frequent cause of renal disease.

STEWART, T. G.—*On the Waxy or Amyloid Form of Bright's Disease.*  
Edin. Med. Jour., Feb.

Stewart, after noticing the observations of Virchow, Pagenstecher, and Meckel, describes the renal disease as follows—"A kidney which has undergone the waxy or amyloid degeneration is generally heavier and larger than natural; its capsule is easily separable; the surface uniformly pale, or marbled here and there with red, stellate vessels. On section, the cortical substance is seen relatively increased in size, pale and anaemic, of a dim, waxy appearance, but containing here and there small, shining granules the Malpighian tufts. On microscopic examination, the Malpighian bodies are seen to be remarkably pale and translucent, and the convoluted tubes around them filled to distension with a dense matter. The tufts of vessels cannot be seen in the Malpighian bodies. The contents of the urinary tubules present no recognisable structure, or only epithelium in a state of fatty degeneration. The Malpighian bodies and their afferent arteries, and sometimes the basement-membrane of the tubes are coloured of a violet-blue or reddish-purple by the addition of solution of iodine and sulphuric acid, but the dense material filling the tubes does not give this reaction. Stewart considers it to be a coagulated exudation. The urine is increased in quantity and is of low sp. gr., contains albumen, and deposits hyaline casts. The white corpuscles of the blood are increased in number, and the red appear flabby, with a marked tendency to stretch out into long, spindle-shaped bodies. Dropsy occurs mostly in the latter stage of the disease. Diarrhoea is a frequent and severe symptom, and is thought by Stewart to depend upon degeneration of the arteries of the intestines. The liver and the spleen are often enlarged by the same morbid process. Persons who have long suffered from wasting disease, such as scrofula, caries, necrosis, or syphilis, are prone to become the subjects of this affection.

EADE, P.—*On Syphilitic Albuminuria.* Lond. Med. Review, Sep., 1861.

Eade records three cases of *morbus Brightii* treated by Pot. Iod. and Sarza with more or less complete success, symptoms of constitutional syphilis being present in all, and being ameliorated by the same treatment that benefited the renal affection. He concludes—(1) that syphilis may be classed as a distinct and special cause of Bright's disease; (2) when so acting, its presence will be determined by the co-occurrence of other and

more distinctly recognised forms of secondary venereal disorder; (3) the renal affection, like the associated secondary symptoms, is amenable to the influence of antisyphilitic treatment, and if the morbid process has not advanced too far, would appear to be susceptible of complete cure.

HAMON, L.—*On the Nervous Nature of Albuminuria.* Gaz. de Paris, 7—23, 1861. Schmidt's Jahrb., vol. 112, p. 29.

Hamon finds—(1) that activity of the voluntary muscles causes an increase of the albumen in the urine, proportional to the degree of exertion. (2) Digestion also increases the amount of the albumen in proportion to the indigestibility of the food. (3) Purgatives increase the albumen according as they excite the intestinal peristalsis. (4) Diuretics do not aggravate, rather diminish, albuminuria. (5) Emetics cause mostly an increase, sometimes a diminution of the excretion of albumen. (6) Attacks of dyspnœa aggravate the renal disorder. The author's general conclusions are the following:—Albuminuria is not a primary renal disease, for there is albuminuria without pre-existing renal disease, and albumen often disappears from the urine while the renal disease persists. Albuminuria is a sign of a cerebro-spinal affection, and can be produced by directly acting on the nervous system, or by diseases of the same. Albumen is made up of two factors, the pathognomonic flux and the general derangements of nutrition and nervous energy. Hamon proposes the name of "nevrose albuminuréique" for the disease.

BIERMER.—*An unusual Case of Scarlatina.* Arch. f. path. Anat., 5 and 6. Canstatt's Jahresber., vol. iii, p. 259.

Biermer's case, that of a boy æt. 5½, ended fatally on the 35th day with uræmic symptoms and convulsions. No urine was passed from the 21st day of the disease to the 26th, and extremely little for five days more. Yet during these ten days there were no uræmic symptoms nor any notable dropsey. The former first appeared, after the urinary secretion was restored, which was but slightly albuminous.

MÜLLER, H.—*Case of Choroidal Affection in Morbus Brightii.* Verhandl. d. Würzb. Med. Phys. Gesellsch., vol. x. Canst. Jahresb., vol. iii, p. 259.

Müller found the epithelium of the arteries increased in quantity and fattily degenerated. The mass thus formed and mixed with pigment blocked up the canal in some parts, producing the "peripheral embolia." The retinal fibres were hypertrophied.

JACCOUD, Sig.—*On the Pathological Conditions of Albuminuria.* Thesis, Paris, 1860. Canst. Jahresber., vol. iii, p. 259.

Jaccoud gives a critical history of morbus Brightii, and states his view that the primary malady is a derangement of nutrition, in consequence of which albuminous matters are not duly assimilated. The renal alteration is secondary.

WILLIAMS, T.—*Recovery from Bright's Disease.* Lancet, Nov. 23rd.

Williams records six cases of dropsey, attended with bloody and albuminous urine, all of which recovered. He advocates an antiphlogistic treat-

ment, including venesection if the general power is good, whenever the case is seen early. Such cases are the desquamative nephritis of Johnson or the haemotrophy of Prout.

ROCHE.—*Amaurosis considered as a prognostic sign in Albuminuria.*  
Lond. Med. Rev., March, 1861.

Amaurosis ordinarily exists in well-marked cases, accompanied by grave symptoms, such as general and persistent oedema, convulsions, the chronic progress of the disease &c., and terminating in the death of the patient. It is therefore a serious prognostic symptom, and is perhaps, more frequent than convulsions in fatal cases.

OPPLER.—*Contributions to the Doctrine of Uræmia.* Virchow's Archiv,  
vol. xxi, part 3.

From his experiments, Oppler concludes that Frerich's theory, as to the production of uræmic phenomena by carbonate of ammonia, derived from decomposed urea, is incorrect. The injection of carbonate of ammonia in place of causing depression of the nervous system, acted as an irritant, it never produced coma, but, on the contrary, convulsions, which are only occasionally met with in uræmia. He gives the details of twelve experiments in which the kidneys were extirpated, or the ureters tied, or urea injected into the stomach or the blood. From these he arrives at the following conclusions:—(1) That decomposition of urea into carbonate of ammonia cannot be regarded as the cause of uræmic phenomena, for these were not produced by the injection of this salt, nor could a trace of it be detected in the blood of eight uræmic dogs; (2) chemical examination of the blood and the muscles demonstrates the presence of a large quantity of kreatin and leucin in the latter, and an enormous increase of the extractive matters in the former. He believes this to depend, not upon a simple mechanical retention of renal excreta, but upon decompositions going on in various organs in consequence of a change in the crasis of the blood. From two lbs. of muscle of a dog deprived of both kidneys thirty-four grains of kreatin were obtained with a large quantity of leucin, while five grains only of kreatin were found by Neubauer in the same amount of human muscle, and the daily amount of the same passing off by the kidneys was seven and three quarters grains. Oppler infers from these facts that analogous products of decomposition are formed and accumulated in the brain and spinal cord, and that these chemical changes account for the disordered nervous functions, the giddiness, dull headache, unconsciousness, stupor.

Oppler further shows that his experiments afford strong evidence against the commonly received doctrine of the exclusive formation of urea in the blood. After extirpation of the kidneys 2 lbs. of muscle gave 1 grain of nitrate of urea, but after ligation of the ureters  $1\frac{1}{2}$  lb. of muscle gave nearly 62 grains. After extirpation of the kidneys  $3\frac{1}{2}$  oz. of blood gave 4 grains of nitrate of urea, while after ligation of the ureters  $6\frac{1}{2}$  oz. of blood contained 7 grains. "How can this great difference be accounted for, except on the supposition that the great excess of urea after ligation of the ureters is the expression of the amount formed independently by the kidneys?"

ea did not accumulate in the blood, and there was no i ngestion and inflammation of important viscera occurred, e lungs, pericardium, and spleen. Injection of urine introduced death more rapidly than injection of urea alone.

**DSS, W.—On the action of Potash, Soda, Lithia, Lead, Colchicum, on the Urine.** Amer. Journ. of Med. Sciences, The results are given in the following table, the one being expressed in cubic centimeters, and the various ammes :

Quantity of urine.	Total solids.	Organic solids.	Inorganic solids.	Urea.	Ur. acid.
Average of normal urine 801	51.36	41.12	10.22	29.97	.3.
" Pot. Acet. . 1200	67.08	44.34	22.71	32.33	.3.
" Sod. Acet. . 1020	57.16	38.59	18.56	29.41	.1.
" Plumbi Acet. 772	50.47	39.13	11.33	27.88	.2.
" Carb. Lithia. 1262	61.32	45.61	15.70	32.16	.3.
" Opium. . 1175	54.68	42.95	11.70	27.50	.1.
" Colchicum . 890	54.98	42.23	12.73	29.75	.3.

**WEIKART, H.—Experiments on the mode of action of Diuretic Heilk., ii, 1, 1861.** Schmidt's Jahrb., vol. 110, p. 164. Weikart has experimented with various salts, to discover the liability with which each passes through an animal membrane at constant pressure, which was made as nearly as possible equal to that of the blood. The result was that the carbonates of soda and lime surpassed all others in their percolating power. The amount of water which passed through being taken as 100, a 2 per cent. soln. of Pot. Carb. gave 99.69, and of Sod. Carb. 88.42 parts; a 4 per cent. soln. of Lime gave 76.21 parts. If the pressure was augmented, the fluid

into consideration other possible causes of diuretic action than those investigated by Weikart. He states that Pot. Acet. causes diuresis only when it is given in dropsies from renal disease, where it acts by dissolving the casts that obstruct the renal tubules. He also adduces proof, that agents such as alcohol, which increase the blood-pressure, by no means constantly promote diuresis.

**GENOVES Y TIO** (*El Siglo Méd.*, June, 1861) praises Cainca root as an efficient diuretic in dropsy. It is also aperient and tonic. The dose is sixty grains a day of the powder. Schmidt's *Jahrb.*, vol. 112, p. 167.

**DEBOUT, TROUSSEAU, and CAUDMONT.**—*On some of the Therapeutic Effects of Cubeb.* Bull. de Thérap., 61, July, 1861. Schmidt's *Jahrb.*, vol. 112, p. 167.

Debout recommends it in atonic flatulent dyspepsia, in giddiness and weakening of the memory, and in chronic inflammation of the neck of the bladder. Troussseau gives it in catarrhal urethritis, which mostly occurs in females. Caudmont advises its use especially in neuralgic and inflammatory affections of the deeper parts of the urethra.

**FERON, A. L.**—*On Primitive Perinephritis.* Thesis, Paris, 1860.

Feron states this to be a very rare disease, but has observed two cases himself and collected some others. It affects the fat bed round the kidney, and issues usually in suppuration. The pus tends outwards oftenest in the lumbar region, but sometimes diffuses itself among the muscles, or makes its way along the ureter to the prostate or to Poupart's ligament; occasionally it escapes into the colon, or through the diaphragm into the bronchi, or into the cavity of the peritoneum. It arises either spontaneously or from an injury. Surgical interference is generally needful.

**OPPOLZER.**—*Inflammation of the Pelvis and Calyces of the Kidney.* Spitals Ztg., 17, 18. Canst. Jahresber., vol. iii, p. 266.

Oppolzer lays down that the acid reaction of the urine is characteristic of pyelitis, distinguishing it from cystitis, in which the urine is always alkaline. Another characteristic sign is the presence in the sediment of imbricated, caudate, epithelial cells, detached from the affected mucous surface. These are most likely to be found in acute cases. In chronic the urine is copious, and contains pus.

**THOMPSON, H.**—*On a new Remedy in Irritable Conditions of the Bladder.* Lancet, October 12th.

This is the underground stem of the *Triticum repens*, which should be gathered in the spring, shortly before the leaves appear, and slowly dried without artificial heat. An infusion is made of  $\frac{3}{4}$  of the stem to Oj, of which  $\frac{3}{4}$ —Oj is to be taken in twenty-four hours. It is useful in various conditions of acute or subacute inflammation of the urinary passages, with mucus in the urine.

**SMOLER, M.**—*Studies of Oxaluria.* Vierteljhrschr. f. d. prakt. Heilk., vol. lxx, 1861. Dublin Quart. Journ. of Med. Sc.

Smoler states that all diseases in which sediments of oxalate of lime occur in the urine may be ranked as either (1) lesions of respiration,

(2) lesions of digestion, (3) impairment of both these processes. He admits the frequent coexistence of mental depression in cases of oxaluria, but does not explain it. Diagnostically the presence of oxalate of lime in the urine aids in distinguishing between typhus and intermittent fever; typhus and acute miliary tuberculosis; in determining the co-existence of overlooked nocturnal epileptic fits; in the recognition of incipient tuberculosis; and in establishing the existence of pregnancy. Its prognostic significance is important (a) in pneumonia, as to its duration and violence; (b) in melancholia and (c) in mania, its disappearance from the urine being a favorable sign; (d) in pleuritic effusions, if the deposit is constant, tuberculosis is to be apprehended; (e) in gastric cancer, where its notable increase is characteristic of incipient ulceration; (f) in conditions of wasting, &c., with irritable temper, in the absence of anaemia, its presence gives reason to fear the development of tuberculosis; (g) as a negative sign (if absent) in cases of malingering. Smoler examined altogether 400 patients. In 229 it was present constantly or temporarily; in 21 out of 30 cases of diseases of the brain and nerves; in 67 out of 85 of diseases of the lungs and heart; in 26 out of 54 of diseases of the digestive organs; in 11 out of 16 of diseases of the kidneys and sexual organs; in 3 out of 6 of diseases of the bones and joints; in 3 out of 8 of diseases of the skin; in 41 out of 81 general affections; in 57 out of 120 mental diseases.

OTTERSON, W. (N. Amer. Med.-Chir. Rev., July, 1861) treats gleet successfully by the introduction twice a week of a grooved metallic bougie as far as the glans penis extends. The groove is filled with calomel or citrine ointment.

SCHNEIDER.—*On the Elimination of Mercury during and after its Therapeutic Employment.* Med. Jahrb. Ztschr. d. k. k. Gesellsch. d. Aerzte in Wien, 1861, part 3. Edin. Med. Journ., Oct.

Schneider employed electrolysis for the detection of the metal as the most delicate test, proving at the same time the nature of the deposit by chemical tests. He never found mercury in the urine of syphilitic patients who had never taken any. But it always was present, not only while mercurial preparations were being taken internally, but for some time afterwards, in one case six weeks. The administration of Pot. Iod. does not seem to favour the elimination of mercury from the organism. Examination in the case of a man who had suffered from syphilis for five years, had been three times treated with mercury, and died of pericarditis a few weeks after the last mercurial treatment, gave the following results:—In the kidneys alone a minute, but undoubtedly, trace of mercury was found; in the liver the reaction was doubtful; the bones, the brain, and the spleen, contained no mercury. In the case of two individuals under treatment by mercury the saliva, faeces, and urine, were examined. No mercury was detected in the saliva, and in the other excretions a quantity less by a notable amount than that which was administered. In one case, out of 25 grains of calomel 7.35 grains were thus unaccounted for.

WOLFF, C.—*On the Symptomatology and Diagnosis of Gall-stones.* Virch. Arch., xx, 1860. Schmidt's Jahrb., vol. 110, p. 39.

Wolff observed forty-five cases, in all of which a stone was passed. Two thirds were males. Jaundice was absent throughout in twenty-five of the cases. Pain, mostly followed by rigor, situated in the region of the liver, and slowing of the pulse, are the surest signs.

VOLLANT.—*Treatment of Gall-stones and of Hepatic Colic.* Journ. de Méd. et de Chir. pratiqu.

Vollant recommends at first frequent change of position to favour the descent of the calculus into the duodenum. If this do not avail, he prescribes absolute rest and repeated doses of morphia. To prevent the formation of new calculi he gives Soda Bicarb. gr. xv—3ss daily in Dec. Taraxaci.

MARTIN.—*On an Epidemic of Jaundice in Italy.* Recueil de Mémoires de Méd. Milit., vol. iii, p. 374. Med. Times and Gaz., June 8th.

The disorder occurred during very hot weather, and affected 71 men out of 1022. Great increase in size of the liver in most cases, and of the spleen in many, was observed, and all complained of pain in the epigastrium and in the hypochondria. All the patients recovered.

NEUKOMM, J.—*On the detection of the Biliary Acids, and the changes they undergo in the Blood.* Reichert and Du Bois Reymond's Archiv, part 3, 1860. Arch. of Med., Jan., 1861.

Neukomm concludes from his researches that the biliary acids can only appear in traces in the urine, when injected into the veins. In three out of seven instances there was decided proof of the existence of bile pigment in the urine. He doubts, however, that this conversion of the biliary acids is an invariable result. Neither does he consider it proved that the bile pigment proceeds from dissolved and altered haematin.

WAGNER, E.—*The Structure of Hepatic Cancer.* Arch. d. Heilk., ii, 1861. Schmidt's Jahrb., vol. III, p. 16.

After a description of the stroma and cell growth, Wagner states that he agrees with Schroeder v. d. Kolk, that the capillaries of the portal vein are destroyed by the cancerous growth, while others are developed in connexion with the hepatic artery, and empty themselves into the radicles of the hepatic vein.

DÖDERLEIN, MAX.—*On the Diagnosis of Cancerous Tumours in the Right Hypochondrium, especially those of the Kidney and Supra-renal Capsule.* Inaug. Essay. Schmidt's Jahrb., vol. III, p. 47.

After relating a case in great detail, Döderlein describes how the liver becomes displaced by the pressure of the tumour, being pushed forwards and to the left, and rotated on its transverse axis, so that its right border advances downwards and to the left, and can be felt or even seen, in the abdomen. The notch in the anterior border is pushed even as far as the left mammary vertical line. As the tumour increases, the left lobe of the liver comes more forward, the heart recedes upwards and to the left, the intestines are pressed downwards and to the left. The liver cannot be moved by the hand, but its upper border descends in inspiration unless the diaphragm is paralysed by pleuritic affections, or abscesses between it and the liver.

**WUNDERLICH.**—*The Clinical differences, and the import of acute primarily pernicious Jaundice.* Arch. d. Heilk., Heft 3, 1860. Canst. Jahresber., vol. iii, p. 248.

Wunderlich insists on the importance of attending to certain characters and tendencies of disease apart from any particular situation or grouping of symptoms. General affections, running a rapid course, with essentially pernicious character, he names acute *theriod* constitutional diseases. The common character of all such diseases is rapidity of progress to a fatal issue, and impossibility, except in rare cases, of arrest. The most constant symptom is an unusual sense of prostration. Such diseases may run their course without involving specially, or causing the destruction of any particular organ, or the reverse.

**ROUIS.**—*Researches on Suppuration of the Liver, from observations made in the North of Africa.* Paris, Bailliére, pp. 460. Canst. Jahresber., vol. iii, p. 252.

Rouïs's work contains 156 cases of abscess in the liver. In 122 the right lobe was affected; in only 3 the left alone; in 23 the right and left; in 2 cases the right lobe and lob. spic., and in 7 all the lobes mentioned. In 103 cases there were 62 deaths, 39 complete, and 2 partial recoveries. In 17 cases the abscess opened through the abdominal parietes, in 15 into the bronchi, in 3 into the stomach, and in 4 into the transverse colon. The youngest patient was twelve, the oldest seventy-three. Most cases occurred between the ages of twenty-three and twenty-seven in the military, and thirty to forty-five in the civil service.

**TROUSSEAU.**—*Pathology and Treatment of Goitre with Protrusion of the Eyeballs.* L'Union Méd., 1860, pp. 485, 500, 513. Brit. Med. Journ., Feb. 9th.

Trousseau maintains that the malady is entirely a nervous one. The palpitations, the enlarged thyroid, and the protruded eyeballs he regards as produced by local congestions, brought about by deranged nervous action. In the way of treatment, iodine and iron are disallowed, and abstraction of blood, drastic purgatives, digitalis in large doses, and ice to the part are recommended.

**ARAN.**—*On Goître Exophthalmique.* Gaz. Hebdom., Dec., 1860.

Aran believes this affection to consist of an irritable condition of the heart and arteries of the neck, on which dilatation with hypertrophy soon supervenes. This state, as well as the exophthalmos he ascribes to an affection of the sympathetic. Ice to the region of the heart, veratria and digitalis, pure air, and at a certain period perchloride of iron are the means he advises.

**KLOB.**—*On the Pathological Anatomy of the Pancreas.* Oesterrh. Ztschr. f. prakt. Heilk., vi, 33, 1860. Schmidt's Jahrb., vol. 109, p. 36.

Klob thinks that primary disease of the pancreas is rare, but secondary, very common. The most frequent form is the result of obstruction in the portal circulation, which causes congestion and a state of chronic inflammation, issuing in an increased development of connective tissue,

and subsequent contraction and wasting. In some parts haemorrhage occurs, and leaves rust-coloured cicatrices.

*On Leukæmia.* Schmidt's Jahrb., vol. 112, p. 33.

Meissner (the reporter) arranges a series of cases from various sources under the head of lienal leukæmia, lymphatic leukæmia, and leukæmic new formation. The latter he compares to a malignant tumour, whose products (cells) resemble the white corpuscles, and are mingled with the blood. He quotes Golitzinsky's conclusions ('Jahrb. f. Kinderheilk.', iv, 2, p. 90) relative to Leukæmia in children; these are—(1) Lymphatic leukæmia belongs chiefly to the earliest age, from birth to the second month, while the splenic form is oftener met with in children one year old. (2) Both forms are equally destructive, iron, quinine, and acids, can only stay the disease for a time, but not remove it. (3) Pneumonia is a common termination. (4) Leukæmia runs a more rapid course in sucklings than in adults, sets in with febrile symptoms, and kills in two to three weeks. (5) The proportion of white corpuscles to red is smaller in children than in adults, 2 : 30, instead of 2 : 3. (6) In sucklings, at least in the lymphatic leukæmia, the enlargement of the mesenteric, sometimes of Peyer's and the solitary glands, appears to be connected with diarrhoea and inflammatory intestinal disorder.

*FÖRSTER.—On Tumours of the Thyroid Gland.* Wurzb. Med. Ztschr., i, 1. Canst. Jahrb., vol. iii, p. 192.

Förster remarks on the rarity of tumours in the thyroid, excepting such as result from alterations of its own structure. Among 300 cases of carcinoma there were only two of secondary affection of this gland, and one of primary canceroid. Fibroid, enchondromatous, and lipomatous growths do not occur in it. When tumours do form in it, they contract adhesions with the surrounding parts and seriously impair the natural mobility of the larynx, or exert on it injurious pressure, and perhaps perforate it, or the trachea, or oesophagus.

#### CUTANEOUS SYSTEM.

**ANDERSON, MAC C.—*On Parasitic Affections of the Skin.*** Med. Times and Gaz., Jan. 5th, 19th; Feb. 2nd, 16th; March 2nd, 9th, 23rd; April 27th; June 1st, 8th; July 13th, 27th; Aug. 10th.

Anderson enumerates four affections, which he believes to be due to the presence of a vegetable parasite:—(1) *Tinea tonsurans*, of which there are three varieties, viz., *herpes circinnatus*, *sycosis*, *herpes tonsurans*; (2) *favus*; (3) *alopecia areata*; (4) *pityriasis versicolor*. His reasons for regarding *herpes circinnatus*, *herpes tonsurans*, and *sycosis* as mere varieties of the same disease are that in all the same parasitic growth is found, and that one may give rise to the other by contagion. Full details are given of the appearances, the diagnosis, causes, and prognosis. The essential point in the treatment is the removal of the diseased hairs with the adhering parasitic growth, and the immediate application of substances capable of destroying this cause of the disease, as *Hyd. Bichl.*, *sulphur*, *Turbith mineral*, *huile de cade*. The best way of conducting

depilation is with forceps made for the purpose, having broad ends with fine and blunt transverse grooves. This method is extremely efficacious in sycosis, but it is much more difficult to obtain success in dealing with herpes tonsurans. *Favus* is most frequent by far in the hair-follicles, especially those of the scalp ; it also may affect the epidermis and the nails. Dirtiness is its sole predisposing, and contagion its sole exciting cause. The parasitic growth is disposed as small cups, which are perforated by one or more hairs. When these are wide apart the name of *favus lupinosa*, when they are thickly set and encroach upon each other, that of *favus scutulata* is given to the affection. In *favus squamosa* the crusts have lost their original form and colour, and assumed a dirty-whitish tint. Favus of the epidermis appears as a thin, whitish, scaly crust marked by yellow streaks. Treatment is identical with that of *tinea tonsurans*. *Alopecia areata* is regarded by Anderson as occasioned by a fungus, and as contagious, and to be treated in the same way as its congeners. *Pityriasis versicolor* consists of minute spots which enlarge and coalesce into irregular patches of brownish colour. The skin of the neck, chest and abdomen is mostly affected. It is undoubtedly contagious, but seems to require a peculiar state of system for its growth. The microscope detects among the epithelial scales spores and filaments, which constitute, in Anderson's opinion the essential cause of the disease. An account is given of pedicular affections, and of scabies, including scabies crustosa.

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HUTCHINSON, G.—*A Clinical Report on true Ringworm (Tinea Tonsurans).* Med. Times and Gaz., Jan. 5th, 12th.

After giving short reports of about fifty cases Hutchinson discusses the diagnosis, contagiousness, character, and treatment of the disease. His opinions are almost identical with those of Mr. Anderson.

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BAZIN.—*Treatment of Tinea Favosa.*—Presse Méd. Belge, July 27th, 1861. Brit. Med. Journ., Sep. 28th.

Bazin brushes the scalp over night and morning with a solution of Hyd. Bichl. (3ss in Aq. 3xvi with a little alcohol). He then applies an ointment of Turbith mineral (gr. vij—xv, ad 3j Adipis). The hairs are to be removed by forceps as long as any sign of the disease remains.

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HILLIER, T.—*On Ringworm and Vegetable Parasites.* Brit. Med. Journ., Nov. 23rd, 30th.

Hillier states that certain atmospheric conditions seem to favour the occurrence of *tinea tonsurans*. In St. Pancras' workhouse there is frequently an almost entire absence of the disease for two or three years, and then, for several months, every second or third child in the building gets attacked by it, while all external conditions and the class of children remain the same. He does not adopt Dr. T. Fox's view that there is one fungus common to all the tineæ, but believes that a soil which is favorable to the growth of one fungus, may encourage the growth of another distinct one ; and also that the eruption produced by different fungi may resemble each other. He notices and combats Mr. Hogg's view that parasitic vegetation is not the cause, but the result of disease. ~~etc.~~

FENGER.—*On the Abortive Treatment of Zona.* Bibliothek f. Läger, vol. xiii. Canst. Jahrb., vol. iii, p. 143.

Fenger paints the patches with collodion, either alone or mixed with a strong solution of lead. The vesicles speedily collapse, and the inflammation diminishes, as well as the pain and fever.

FORGET.—*On the Treatment of Zona.* Bull. génér. de Thér., Oct. 30th, 1861. Brit. Med. Journ., Nov. 30th.

Forget discountenances the use of blisters, Arg. Nitras, collodion, &c., leaves the eruption to follow its course, and treats only the complications.

HARDY.—*On the Treatment of Eczema.* Gaz. des Hôpit., Oct. 24th, 31st, 1861. Edin. Med. Journ., Dec.

In the acuter stages, Hardy employs emollient and mild purgatives, in chronic, arsenic, sulphur, and alkalies. The ointments are always to be dilute, gr. ij—xij of the salt to 3j of lard. Sulphur internally and externally is particularly useful in cases of pityriasis, which have succeeded to eczema.

FORRER.—*On the different Forms of Erysipelas.* Schmidt's Jahrb., vol. III, p. 310.

Forrer distinguishes a simple and complicated form; the former (*a*) limited to the skin, the latter (*b*) extending to the subcutaneous tissue. In each of these there are various grades of severity. He gives four fatal cases, in two of which there existed meningitis with purulent exudation. In treatment he praises the application of collodion.

BELL, Jos.—*On the Prevention of Pitting in Smallpox by the application of the Liniment. Aquæ Calcis, and Cotton Wool.* Glasgow Med. Journ., July.

The wool is soaked in the liniment, and applied all over the face. If applied early it prevents swelling, and in all cases allays irritation, reduces febrile excitement and swelling, and prevents pitting.

LAYCOCK, T.—*Clinical Researches into Morbid Pigmentary Changes in the Complexion.* Brit and For. Med.-Chir. Rev., Jan. and April.

Laycock arrives at the following conclusions, which he illustrates at length.—(1) That besides blue and green, of rare occurrence, there are two common, well-marked and distinct forms of morbid discoloration due to pigment deposit—the yellow or sallow, and the black or swarthy. (2) That both yellow and swarthy discoloration of the skin will occur from the action of local irritants—as heat, light, cutaneous parasitic fungi, blisters, sinapisms, and the like, or in the progress of various cutaneous diseases of the skin and its appendages. (3) That the absence of pigment (leucopathia), as well as its deposit, may be caused by inflammatory and other diseases of the skin affecting its chromatogenous function. (4) That morbid states of the cerebro-spinal centres will influence the deposit, or non-deposit of pigment. (5) That morbid states of the genito-urinary organs in both sexes, acting probably, through the nervous system, will determine the election of locality of pigment deposit, according to the same law by which the development of sexual hair and pigment is regulated. (6) That structural diseases of the abdominal

viscera and peritoneum also exercise an influence through the nervous system upon the local deposit of pigment in the skin. (7) That in disease of the supra-renal capsules, the bronzing of the skin, whether swarthy or yellow, is partly nervous, and due to the direct or indirect influence of the capsules on the kidneys and nervous system; partly hæmic, and in so far, due to the morbid influence of "dyscrasic" blood. (8) That pigmentary changes in the skin of both whites and blacks may be the *result* of morbid causes, and yet may remain after the operation of the causes have ceased, and assume a physiological character. (9) That although local morbid pigmentation of the skin may occur exclusively from local causes, or the influence of the nervous system, in the majority of cases there is a morbid condition of the blood. (10) That the morbid conditions of the blood associated most commonly with pigmentary changes are characterised by those changes in the blood-corpuscles (leukæmia, leucocytosis) which are observed in cachectic states of a constitutional character (pregnancy, chlorosis, tertiary syphilis, chronic rheumatism, cancer, &c.), or which are intimately connected with "dyscrasic," visceral, or glandular diseases (of the spleen, supra-renal capsules, lymphatic glands). (11) That the tendency to discoloration increases (*cæteris paribus*) with age after a certain period of life. (12) That the morbid pigment deposits proper, as distinguished from masses of altered blood-corpuscles; are carbonaceous excretions, and are often vicarious with the suspension or imperfect elimination of other carbonaceous excretions, as the carbonic and lactic acids, and the pigment constituents of both the urine and bile; and are consequently associated with morbid states of assimilation, as well as of elimination (through the skin, lungs, liver, kidneys). (13) That among the morbid states of assimilation, the rheumatic and gouty, are specially to be classed, as well as those coincident with anaemia.

DAY, F.—*On Elephantiasis, or Cochin leg.* Madras Quart. J. Med. Sci., No. 1. Brit. and For. Med.-Chir. Rev., Jan.

In 93 per cent., of all cases, the lower limb was diseased. In all there was a peculiar fever, resembling a quotidian, but uncontrolled by quinine. During each attack of fever the local swelling generally becomes more marked, and it may be hot and throbbing or only itching. There is generally a hardened reddish or dusky line along the course of the absorbents between the local effusion and the glands, one of which is mostly enlarged and painful, but does not suppurate. Tonics with Hyd. Bichl. and opium are useful, and removal to an unaffected locality essential.

HEBRA.—*On the Application of Sulphur in Skin Diseases.* Allg. Wien. Med. Ztg., 47, 48, 1860.

Hebra thinks the internal administration of sulphur quite useless. The external he regards as a kind of irritant, causing hyperæmia of the skin, and more rapid formation of epidermis. The purer the sulphur, the milder is its action, preparations containing selenium, arsenic, sulphurous acid, act more irritantly. In acute recent inflammations sulphur is not to be used, only in the more chronic. In *itch* he prefers Vlemingkx's sulphuret of lime solution, or sulphur ointments and soaps. In *prurigo* he also prefers Vlemingkx's solution followed by a warm bath and simple

inunction. In *eczema*, when chronic, he uses the above solution and subsequently tar. *Psoriasis* is also effectually treated by the same means as prurigo. In *acne disseminata*, and *rosacea*, and in *sycosis*, sulphur is very useful, Vlemingkx's solution may be used when a strong application is needed; Lac Sulphuris, with equal parts of glycerine and alcohol, when a milder is desirable. *Pityriasis versicolor* and *Ichthyosis* are beneficially modified by sulphur. On syphilis sulphur has no effect.

**BERGH, R., and BAMBERGER, H.—*On Scabies Crustosa.*** Hosp. Tidende, 50, 51, 1859. Würzb. Med. Ztschr., 1, 2, 1860. Schmidt's Jahrb., vol. 111, p. 49.

Bergh details a case of this disorder with exceeding minuteness. The patient was a man, æt. 66, who had suffered from itching all over him for two years. The skin everywhere was, more or less, rough, furrowed, and desquamating, but on the scalp especially there was a thickish scab, firmly adherent. In this region numerous acari were found, and their eggs and excrements, and burrows in some other parts. The formation of scabs is the distinctive character of this disease, which seems to have been mistaken for others, and thus named by Plenck, *Lepra scabiosa*, and by Willan, *Impetigo scabiosa*. The continued irritation produced by the acari causes a rapid formation of epidermic cells, while the older layer, traversed by burrows and containing the dead parents of younger acari, eggs, &c., is pushed outwards, but still remains adherent, being saturated by fluid exuding from beneath. Bamberger also relates a case, but is inclined to believe that the disease is essentially different from ordinary scabies, probably from some difference in the organization of the acari. Bärwinkel suggests that the greater or less degree of sensitiveness of the cutaneous nerves may be concerned in causing the different conditions.

**ANDERSON, T. McC.—*How is syphilitic (or specific) to be distinguished from non-syphilitic (or non-specific) Psoriasis?*** Glasgow Med. Journ., July.

(1) The patches of the non-specific disease are usually larger than those of the other form, and its extent is greater; (2) it almost invariably affects the elbows and knees, which the syphilitic does only occasionally; (3) the colour is more coppery in the syphilitic, and itching is mostly absent; (4) the scales of this form are usually much thinner and less imbricated than in the non-syphilitic; (5) The latter is of longer duration, and occurs earlier than the syphilitic, while its relapses are more constant; (6) syphilitic psoriasis originates from a hard chancre, or probably from secondary sores, it is attended mostly by other syphilitic symptoms, while in the non-specific disease the health is perfect. (7) In the one form mercury is curative, in the other arsenic.

**CHAMBERS, T. K.—*On a case of Bloody Sweat.*** Lancet, March 2nd.

The patient, a female, æt. 27, had suffered for four years from this affection, the catamenia having only appeared twice, and the general health being indifferent. The haemorrhage commences as an erythema, the surface, after a short time, becomes covered with a crop of fine vesicles, and a serous dew, which soon becomes blood-stained and then is succeeded by actual blood drops. A feeling of soreness and tenderness precedes the

through severe diseases, such as typhus fever. The depth indicates the violence—the length, the duration of the disease; the distance from the matrix corresponds to the time elapsing from the formation.

**WARBURTON BEGGIE, J.—*On Ichthyosis; with special reference to particular forms in which it occurs.*** Edin. Med. Jour

Warburton Begbie joins with Devergie in considering that ichthyosis ought to be regarded as a distinct affection, different from the so-called porcupine disease, and from brown ichthyosis. It is always a general disease, affecting the whole skin, unattended by any pain, or inflammation, and characterised by a farinaceous, or scale-like appearance. Brown ichthyosis is always a palpable morbid epidermis forming a hard, warty, or horny substance, the surface being irregularly raised on pressure being applied. It results, as well as from a diseased action of the sebaceous glands, the skin in one case forming plates, in the other spines.

**In Linear Atrophy of the Skin : Purpura preceding small keloid, general dermatitis.** Guy's Hosp. Reports, vol.

The first affection exactly resembles the *lineæ gravidarum*, in cases where no distension of the skin has ever existed. The skin wasted in streaks, and replaced by a softer substance, of a pale colour. The change occurred gradually.

**HARDY.—*Experiments with Baths ‘à l'hydrofère.’ (Pulveris.)*** Gaz. des Hôpital., May 26th, June 5th, 12th. C. vol. iii, p. 137.

Hardy administered these baths in prurigo, pityriasis, psoriasis, and scrofulous ulcers, and speaks favourably of their action in the two last-mentioned disorders. The water, medicated or not,

Majer states that arsenic always appears in the urine, from six to twelve hours after a dose, and disappears in four to six days after leaving off the remedy. The quantity excreted amounts to about two thirds of that taken.

V. BÄRENSPRUNG.—*On Area Celsi.* Annalen de Charité, viii, 3. Canst. Jahresb., vol. iii, p. 153.

Von Bärensprung distinguishes calvities (naturally occurring baldness), desfluvium capillorum (loss of hair after fevers, &c.), and alopecia (a local affection). The latter may be produced by inflammation, by parasitic fungi, by the pressure of tumours, and by disordered nerve influence. This last he believes to be the cause of porrigo decalv. (area Celsi). He admits that the hair-bulbs are atrophied, but thinks that this is a secondary result of paralysis of trophic nerves. Treatment must be stimulant, local and general.

## SUBJECTS OF GENERAL INTEREST.

IRWIN, B. J. D.—*On Euphorbia Prostrata as an Antidote to the poison of the Rattlesnake.* Amer. Journ. of Med. Sc., Jan., 1861.

ADRIAN.—*New method for obtaining a neutral and unalterable Solution of Perchloride of Iron.* Bull. Gen. de Thérap. Glasgow Med. Journ., April, 1861.

SMITH, HANBURY.—*Mineral Waters and their Uses.* Amer. Med. Times, Aug. 10th, 17th, 24th, 31st; Sept. 7th, 14th, 21st; Oct. 12th.

DUNDAS THOMSON, R.—*On the Influence of Impure Water in the production of Disease.* Dublin Hosp. Gaz., Dec. 15th.

DE PIETRA SANTA.—*On the Climate of Algeria.* L'Union Méd., Dec. 11th, 1860. Brit. Med. Journ., Feb. 9th.

The author describes the climate as happily intermediate between a temperate and tropical, and recommends it as specially adapted for cases of phthisis and chronic pulmonary disease. The atmosphere is very pure, its amount of moisture moderate, and the variations of its density slight, while the temperature also is not subject to any great alternations either daily, or at different seasons.

LEMAIRE.—*The Uses of Phenic Acid.* Dublin Hosp. Gaz., April 15th.

It will preserve anatomical specimens, if smeared on the surface of air-tight jars, or injected into the vessels. A solution of 1 part of phenic acid and 40 parts acetic, in 100 of water, cures tinea (favus?) in thirty or forty days, and scabies immediately.

LALLEMAND.—*On the Peculiar Action of different Anæsthetics in producing Insensibility.* Gaz. des Hôpital., Sept., 1860. Edin. Med. Journ., Jan.

Lallemand and his coadjutors found that alcohol and amyrene, like chloroform and ether, abolish the sensibility and motor function of the spinal cord, while the inhalation of CO<sub>2</sub> or CO leaves these functions intact until the moment of the animal's death. These latter agents alter the qualities of the blood, and so impede or arrest sensibility. The former accumulate remarkably in the brain and liver.

nd lowers the temperature of the body. The pupil was unaffected by the urine.

RAJEWSKI, F.—*The Effects of Great Cold on the Animal*  
*Gaz. des Hôpital., 140, 1860. Schmidt's Jahrb., vol. 110, p. 1.*  
Krajewski states from observations of men, and experiments, that the power of enduring cold varies greatly with the constitution, some being much better able to resist the cold than others—(1) Unusual degree of rigor mortis, and a brittle condition of the tendons, as the nose, ears. (2) Congestion of the brain and meninges, and often serous effusion into the ventricles. (3) Congestion of the lungs. (4) Coagula in the heart, especially in the ventricle. (5) Portions of ice in the subcutaneous vessels, ventricle, bladder, and cardiac cavities. (6) Separation of the coronary and sagittal suture (a characteristic sign).

SEPHSON, C.—*Mine Disease.* Pr. Militärärztl. Ztg., 1, 1861.  
Jahrb., vol. 110, p. 334.

The men employed in working these mines or galleries have inhaled the gases produced by the combustion of charges of gunpowder which seems to be the cause of the following symptoms:—Sudden fits, boring pain in the middle of the forehead. Sudden loss of consciousness and motor power, temporary arrest of breathing, fits of coughing and vomiting. Sudden attack of tonic convulsion, lasting a few minutes, followed by signs of severe frontal pain, then copious salivation. Recovery seems always to have followed. Sephson distinguishes three degrees of severity in the attack, corresponding to the symptoms here enumerated. A dose of brandy is useful as a preservative and restorative.

yellow fever, or cholera. Even a stringent quarantine proves insufficient to exclude undoubtedly contagious diseases, as smallpox and other exanthemata.

*Steadine.*

A substitute for hog's lard is prepared by dissolving 15 grains of soda deprived of its CO<sub>2</sub> by lime in 3ss of water, and adding the solution to 3½ oz. of lard mixed gradually with 3 oz. of water. It is a whitish fatty compound, inodorous, insipid, and intermediate between cerate and lard. It is very permanent unless constantly exposed to the air.

HANBURY SMITH, S.—*Observations on Chlorate of Potassa.* Amer. Med. Times, June 8th.

Hanbury Smith has found this drug useful as a prophylactic in fevers, curative in furunculoid affections, and very effectual in certain cases of dementia, when all other means had been tried in vain, "speedily removing or diminishing the lividity, coldness, and sluggish movement, with a corresponding improvement in the health of both body and mind." In all cases of similar venosity, and in one of bronchorrhœa, its effects have been very decided.

LEE, C. A.—*Remarks on the Experiments of the late Prof. Tully on the Effects of Chlorate of Potash.* Amer. Med. Times, July 6th.

Tully regards the remedy as a pure reducing antiphlogistic or refrigerant. In large doses it produces symptoms of more or less severe abdominal irritation and vomiting.

HUTCHINSON, J.—*Is Inherited Syphilis protective against subsequent Contagion?* Brit. Med. Journ., Sept. 21st.

Hutchinson gives three cases, in none of which were there any constitutional symptoms, nor any proof that the chancres contracted were indurated (in two they certainly were not). The evidence goes to show that inherited syphilis, if severe, is protective.

*On the Hygiene of Habitations.* Brit. and For. Med.-Chir. Rev., Oct., 1861.

The air of London contains 0·037 of CO<sub>2</sub> per volume, of Manchester from 0·045 to 0·08 per cent. on a windy day, and 0·12 per cent. on a still day. In the latter town, especially, the atmosphere contains notable amounts of SO<sub>2</sub> and SO<sub>3</sub>. The amount of organic matter in the air of close parts of Manchester was 1 grain in 8000 cub. in., on the high grounds north of the town there was only 1 grain in 200,000 cub. in. Some remarkable facts are mentioned, showing the much greater putrescent tendency of animal matter in certain states of the atmosphere than in others, and similarly the bleaching power of the air varies greatly, irrespectively of the season and time of day. The writer believes that periodical observations of what may be called the septicity of the air, that is to say, its power of exciting putrefaction, would lead to most important results as regards the causation of disease. He suggests using for this purpose solutions of urea or cane sugar containing a ferment, and observing at different times and places the length of time required for the induction of alkalinity or the development of CO<sub>2</sub>. As to the morbid effects of septic contamination of the air he cites Dr. Greenhow's

grees. However, with Dr. Chomchial to some extent, as to the  
they may produce in increasing nervous and vital power, and  
ion of red globules. He gives detailed directions as to  
reparing an hypophosphite, the chief points being that the  
should be below 220°, and equally applied round the vessel, &  
it should be excluded. Several cases are related of debility a  
which the remedy was of marked efficacy.

*Mersalzbrunn in Prussia.* Med. Times and Gaz., May 11th.

These waters are found useful in tuberculosis, in resp  
itestinal catarrh, hæmorrhoidal affections, and lithiasis. T  
hiefly Carb. and Sulph. Sod. and CO<sub>2</sub>.

*Topical Febrifuge.* Monit. des Sc. Méd., Feb. 23rd, 1861.

R. Ol. Terebinth., ʒiv. Vini Opii, ʒiss. Camphoræ, ʒj.  
ij. M. To be rubbed for ten minutes along the spine even  
uring the intervals of the attacks of ague.

OUILLET, M.—*On Sulphurous Powder.* Répert. de Pharm.,  
N. Amer. Med.-Chir. Rev., July, 1861.

Sulphuret of Calcium, Bicarb. of Soda, Sulphate of Soda, Potassa, Tartaric Acid, Gum Arabic, are to be mixed together well dried, in equal parts. Of this powder about gr. viij, add water, give after standing 15 min. an excellent imitation of sulphurous waters.

*Baths of Driburg in Germany.* Med. Times and Gaz., Feb. 23

The water contains a notable amount of CO<sub>2</sub>, some iron and iodides salts of lime, and the alkalies. The use of the bath beneficial in cases of paralysis, albuminuria, anæmia, and preventive of malformations of the foetus, when employed

# REPORT ON SURGERY.

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TEXT-BOOKS, MANUALS, LECTURES, TREATISES ON GENERAL SURGERY,  
NEW APPARATUS, ETC.

- HOLMES, T.—*A System of Surgery, theoretical and practical, in Treatises by various Authors.* Arranged and edited by T. Holmes. 4 thick 8vos, 21s. each. London, Parker, Son, and Bowen.
- LANE, S.—*Cooper's Dictionary of Practical Surgery, and Encyclopædia of Surgical Science.* New edition, brought down to the present time, by S. Lane. 8vo, London, Longman, Green, and Co.
- LECLERC, L.—*The Surgery of Albucasis.* 8vo, Paris, Baillière.
- CHASSAIGNAC, E.—*Clinical and Practical Treatise on Surgical Operations.* 8vo, Paris, Masson et Fils.  
Two very large and copiously illustrated volumes.
- HEATH, C.—*A Manual of Minor Surgery and Bandaging.* London, J. Churchill.
- SYME, J.—*Observations in Clinical Surgery.* 8vo, Edinburgh, Edmonston.
- HEYFELDEE, Dr. O.—*Operative Surgery and Statistics of Resections.* 8vo, Wien, 1861.
- WEBB, A.—*Ready Rules for Operations in Surgery.* London.
- GÜNTHER.—(In continuation.) *Study of the Bloody Operations on the Human Body.* Leipzig and Heidelberg. 4th part. *Pelvis, Belly, and Breast.*
- MAUNDER, C. F.—*Operative Surgery, adapted to the living and dead Subject.* Part 2. London, 1861.  
Amputation and certain special operations.
- AGATZ, G. J.—*Manual of Surgical Anatomy and Operations.* With an Atlas of 136 steel plates, and 52 lithographed sketches in outline, mostly drawn from nature, by Dr. J. Greb. Vol. iii. Enke, 1860.
- OTTO and REYNDEERS.—*The Conical Trephine.* Amer. Med. Times, July 2nd, p. 87.  
A letter (with cuts) from these surgical instrument manufacturers, dis-

proving Dr. Galt's priority in the invention of conical trephines, which are figured in Heister's 'Surgery,' 1743.

SMITH, H.—*On a new and uniform Gauge for Catheters.* Med. Times and Gaz., Feb. 23rd, p. 194.

Smith considers that the existing gauges are not minute enough in their increments, nor of uniform scale, and proposes a new gauge, the increments of which equal one seventy-fifth of an inch.

MITSCHERLICH, Dr. A.—*On Waterproof Bandages.* Langenbeck's Archiv für Klin. Chir., vol. i, part 2, p. 456.

Mitscherlich aims at rendering plaster of Paris and other fixed bandages proof against fluids by saturating them with an alcoholic solution of shellac. Where great resistance is required, a Portland-cement bandage, saturated with water-glass (silicate of soda dissolved in water) has great advantages.

CLIPET, P.—*On the use of Elastic Materials for Surgical Bandages.* Bull. de Thér., lix, p. 102, Nov., 1860. Schmidt's Jahrb., vol. 112, No. 11, p. 206.

LANGENBECK.—*Archive of Clinical Surgery.* Vol. i, 2nd part, 3rd part. Vol. ii, parts 1 and 2.

*Contents.*—The employment of cold in surgery. By Dr. Fr. Esmarch.—Two cases of enterotomy. By Dr. C. Tungel.—On atheromatous cysts of the lymphatic glands. By Dr. A. Lücke.—Criticism on partial amputations of the foot, based on a new anatomical signification of the architecture of the foot. By Prof. Szymanowski.—On the catarrhal forms of suppuration of joints. On adhesion of the uvula and lower edge of the soft palate with the posterior wall of the pharynx. By Dr. J. van der Hoeven.—Congenital smallness of the lower jaw, associated with ankylosis of the jaw, cured by resection of the coronoid processes. By B. Langenbeck.—On waterproof bandages. Cases of interesting fractures. By Dr. J. Waeckerling.—Lesser surgical contributions. By T. Billroth.

3rd part. *Report on the Contributions to Surgery, and on its progress, during 1859.*

Vol. ii, 1st and 2nd parts.—*Contents.*—On the pathogenesis and cure of salivary tumours. By Dr. F. Pauli.—Remarks on abnormal descent of the testis. By Dr. Ed. Zeis.—Some cases of interesting recovery from injuries to the head, with some remarks on the correctness of the opinion of greater brittleness of the lamina vitrea of the skull. By Prof. H. Meyer.—Appearance of multiple sarcoma, and its relation to the wall of the bowel. By Dr. E. Vix.—On absorption of bone. By Dr. Th. Billroth.—On purulent peripleurisy. By Dr. Th. Billroth.—Traumatic angiectasis of the left arm. By Dr. Krause.—Observations on the origin of loose bodies in joints, and the operations they demand. By D. C. Fock.—On dislocations of the hip-joint, and their reposition. By Dr. Bartmer.—On recurrent neuromata. By D. E. Blasius.—Uranoplasty by separation of the mucous-periosteal gum-covering. By B. Langenbeck.—The odontologie of harelip. By Dr. R. Volkman.—On atheromatoid and puriform softening

of entire cancrum tubers. By the same.—The treatment of wounded arteries in the forearm. By Dr. Ahlberg.—Radical cure of a hydrocele, by suppuration, in a man æt. 88. Resection of the hip-joint. Gastrotomy for the relief of presumed internal obstruction. Formation of an artificial anus in the left loin, in sarcomatous obstruction of the rectum. By Dr. Pagenstecher.

*Guy's Hospital Reports.* Vol. vii.

*Surgical contents.*—The surgery of the mouth, pharynx, abdomen, and rectum, including hernia. By T. Bryant.—On syphilitic blotch of the conjunctiva. Case of diabetic cataract. By J. F. France.—Report on pyæmia and some allied affections. By S. Wilks.—Case of severe mutilation of the forearm, with extensive loss of bone; with practical observations on injuries to the forearm. By E. Cock.—Description of a case of intra-parietal inguinal hernia, with reference to cases which were probably of a similar kind. By J. Birkett.—Case of compound fracture and dislocation of the astragalus. By F. Bryant.—Contributions to the practical surgery of new growths or tumours. Series iv: cysts (continued). By J. Birkett.

**SPENCE, J.**—*Report of Clinical Cases treated during the Session 1860-61 in the Surgical Wards of the Royal Infirmary, under the care of J. Spence.* Edin. Med. Jour., Dec., p. 505.

This report embraces cases of injuries of the head, tracheotomy, amputations, excisions of joints, hernia, diseases of the genito-urinary organs, tumours, and fractures.

**SPENCE, J.**—*Report of Clinical Cases treated during the Session 1859-60 in the Surgical Wards of the Royal Infirmary.* Edin. Med. Journ., Jan., p. 593.

This, part 2, comprehends tumours, diseases of bones and joints, and diseases of the genito-urinary organs, together with some miscellaneous cases, and a résumé of the principal operations. The table of amputations contains one at the hip-joint, for injuries to the thigh by explosion of gunpowder. The patient, æt. 38, died.

**BRYANT, T.**—*The Surgery of the Mouth, Pharynx, and Rectum, including Hernia.* Guy's Hosp. Reports, p. 1.

An analysis of 940 cases of injuries and diseases of these parts admitted into Guy's Hospital from October 1st, 1853, to March 30th, 1851, with practical comments on their surgery. The author thinks that sublingual cysts probably originate in an obstruction of Rivieri's glands (Birkett, vol. v). He finds that a moderately free opening into the cyst and packing its cavity generally ensure the destruction of the cyst-wall and bring about a cure.

In twenty cases of chronic enlargement of the tonsils, excision of one or both was performed. For this operation the guillotine is recommended.

Where the abdominal viscera are ruptured in contusions of the belly the liver is the viscus most commonly torn. In 50 per cent. of lacerations of the jejunum the rent occurs at its junction with the duo-

denum (Poland, vol. iv, 3rd series). In a chapter on hernia Bryant states "that inguinal hernia is by far the commonest form of hernia; that half the cases of strangulated hernia are of this nature, and that of these one only in every three requires operative relief, the large proportion of two thirds being reducible by the taxis." He alludes to a former paper (1856), in which this form of hernia was shown to most frequently appear between the ages of twenty and forty, and to most often become strangulated between forty and sixty, the average duration of the rupture previous to strangulation being twenty years.

Arranging his cases in two classes, the first containing those reduced by the taxis, and the second comprising those requiring herniotomy, Bryant shows that 3·8 per cent. of the first class ended fatally. In all cases of strangulated hernia of long standing he advocates the immediate employment of chloroform. 52 per cent. of the cases which were operated on died. The mortality where the sac was not opened was 22 per cent.; where it was opened, 6 per cent.

Herniotomy is most successful in congenital hernia, about two thirds recovering. Half the cases of old hernia recover, but an operation is mostly fatal in recent hernia.

Femoral hernia is less common than inguinal by 74 per cent.; it is far more liable to strangulation than the latter, and, when strangulated, 73 per cent. of the cases require operation. At least one fifth of the cases of strangulated femoral hernia are recent, and these are 50 per cent. more fatal than older cases; for though the taxis in recent cases is generally successful, yet herniotomy is more than twice as fatal as it is in old cases. The advantage of operating without opening the sac is proved by a large per-centagae in its favour.

**HILTON.**—*A Course of Lectures on Pain and the Therapeutic Influence of Mechanical and Physiological Rest in Accidents and Surgical Diseases.* (Delivered in the theatre of the Royal College of Surgeons.) Lancet, July 6th, p. 3; and following Nos.

**PRICHARD, A.**—*Ten Years of Operative Surgery in the Provinces.* Brit. Assoc. Journ., Jan. 5th, p. 10; 12th, p. 32; Feb. 16th, p. 165; April 13th, p. 383.

**PRICHARD, A.**—*Operations on the Eye.* Brit. Assoc. Journ., May 18th, p. 518; June 15th, p. 625; July 27th, p. 85.

**WALKER, T. J.**—*The Galvano-caustic Apparatus: its applications in Surgery.* Brit. Med. Journ., April 20th, p. 409; 27th, p. 437.

A description of Zsigmondy's apparatus, with a figure, and indications for its use. Amongst other examples, a case of amputation of the thigh is given, where death took place on the fifth day. The wound was black, dry, and without any sign of reaction.

**ESMARCH, Dr. FR.**—*On the Employment of Cold in Surgery.* Archiv für Chir., vol. i, part 2, pp. 275—333, Berlin, 1861.

For a translation of this valuable memoir see 'Selected Monographs,' published by the New Sydenham Society during the current year.

**ZEIS, ED.**—*Permanent or prolonged Local Baths in various Local Diseases.* 8vo, Leipzig and Dresden, Winter, 1860, pp. 43.

SZYMANOWSKI.—*Contribution to Amputation, together with experiences in Immersion and Irrigation.* Frag. Vierteljahrsschr., 1860.

MILITARY SURGERY (INCLUDING GUNSHOT WOUNDS OCCURRING IN CIVIL PRACTICE).

TREATISES, LECTURES, ETC.

POST and VAN BUREN.—*Abstract of Report of Committee on Military Surgery to the Surgical Section of the New York Academy of Medicine.* Amer. Med. Times, July 20th, p. 43.

TRIPLER and BLACKMAN.—*Handbook for the Military Surgeon, &c.* 12mo, Cincinnati, Robert Clarke and Co., 1861, pp. 121.

HAMILTON, F. H.—*A Practical Treatise on Military Surgery.* New York, Baillière Brothers, 440, Broadway, 1861, pp. 234.

HAMILTON, F. H.—*A Course of Lectures on Military Surgery.* (Delivered at the Belle Vue Medical College Hospital.) Amer. Med. Times, April 27th, p. 269, and following numbers.

PITCHER, Z.—*Contributions to Military Surgery.* Amer. Med. Times, June 1st, p. 351.

GROSS, S. D.—*A Manual of Military Surgery.* 18mo, Philadelphia, J. B. Lippincott and Co., 1861, pp. 186.

TROWBRIDGE, A.—*Gunshot Wounds.* (Being portions of a Lecture delivered by the late A. Trowbridge.) Amer. Med. Times, May 24th, p. 334.

Short, practical remarks (copied from the author's notes by his son) on the force of balls, wounds of joints, fracture of bones, injuries of arteries and nerves, wadding in wounds, wounds of the thorax and head, illustrated by cases from the siege of Fort Erie, 1814. Amongst these is a remarkable recovery, with partial ankylosis, where a ball had laid open the capsular ligament of the knee-joint, and carried away a portion of the condyle of the femur. Trephining is recommended where severe blows on the skull are followed by threatening symptoms, particularly convulsions, although there is no depression of the outer surface of the bone.

BAYONET WOUNDS.

CLEMENTS, B. A.—*Bayonet Wound through the Abdomen; recovery.* Amer. Journ. of Med. Sc., July, p. 37.

TODD, R. C.—*Complete Transfixion of the Abdomen by a Bayonet; recovery.* Med. Times and Gaz., March 30th, p. 320.

NEW BULLET FORCEPS.

TIEMAN, G.—*A new Bullet Extractor.* Amer. Med. Times, May 25th, p. 346.

A slender, bulldog forceps, with crossing shanks, and incurved teeth which are concealed when the blades are closed.

## GUNSHOT WOUNDS.

## (A) Of the Head.

CURTIS, C. R. S.—*Gunshot Wound in the Mouth; secondary haemorrhage; ligature of the common Carotid Artery; recovery.* Amer. Journ. of Med. Sc., April, p. 601.

## (B) Of the Chest.

BALCH, G. B.—*Case of Gunshot Wound, in which a leaden bullet remained twenty years in the walls of the heart.* Amer. Journ. of Med. Sc., July, p. 293.

SIM, R.—*Case of Gunshot Wound of the Lung.* Med. Times and Gaz., Feb. 9th, p. 141.

ADAMS, R.—*Account of a case in which the Left Ventricle of the Heart was perforated through and through by a Gunshot Wound made by a leaden slug the size of a small swan-drop; with a few observations on small wounds penetrating the pericardium and inflicting injury on the heart or its vessels.* Dublin Med. Press, April 3rd, p. 227.

The patient survived the wound half an hour.

## (C) Of the Upper Extremity.

GOURBEIL.—*Shot Injury of the Left Shoulder; star-like fracture of the head and upper third of the Humerus; exarticulation of the Shoulder-joint; attacks of pernicious fever; recovery.* L'Union, 112, 1860. Schmidt's Jahrb., vol. III, No. 7, p. 81.

IRWIN, J. D.—*Gunshot Wound of the Arm; Amputation at the Shoulder-joint; severe effects to the operator from inoculation with matter from the wound.* Amer. Journ. of Med. Sc., No. lxxiv, new series, Oct., p. 337.

FINNELL.—*Gunshot Wound.* Amer. Med. Times, May 11th, p. 305.  
Severe laceration of the hand by the bursting of a gun.

PANCOAST, J.—*Extensive injury of the Hand from the discharge of a Pistol through the Palm; conservative surgery.* Philadelphia Med. and Surg. Rep., Jan. 49th, p. 429.

PANCOAST, J.—*Injury of the Hand from the bursting of a Gun; Amputation at the Wrist.* Ib.  
The arteries were secured by acupressure.

## (D) Lower Extremity.

CROMPTON, D. W.—*Case of Gunshot Wound of the Knee-joint; primary excision; successful. With clinical remarks on other points in conservative surgery.* Med. Times and Gaz., May 18th, p. 518.

HUTCHINSON, J.—*Severe Gunshot Injury to both Legs; primary excision of the right Knee-joint; tetanus; death.* Lancet, April 20th, p. 386.

A charge of No. 6 shot, fired from a gun at a distance of twelve feet, passed through the condyles of the right femur, obliquely downwards, then entered the left leg behind the inner edge of the tibia, and lodged beneath the skin at the outer side of the leg, without injuring the vessels. The condyles of the right femur were much comminuted, but the damage to the soft parts was limited to the immediate borders of the wounds of entrance and exit. The main vessels and the nerves appeared to have escaped injury. This determined Hutchinson in favour of resection of the knee-joint. The condyles and lower part of the shaft of the femur were found shattered to atoms; about a hundred fragments of bone, with many shots, were removed. A thin slice only was taken from the tibia. The patella had escaped injury. Nearly a teaspoonful of shots and two wads were taken out of the left leg. On the sixth day rigors; on the seventh, trismus; on the eighth, acute tetanus, ending fatally in two days. Spasms were excited by the slightest touch on the left leg. At the examination of the body the right knee was found in a satisfactory condition. Two or three shots were discovered in the sheath of the posterior tibial nerve in the left leg.

## SUPPURATION.

**ROSEN, W.M.** — *On the Mechanism of Abscess.* Archiv d. Heilk., ii, 1,  
p. 1, 1861. Schmidt's Jahrb., vol. 109, No. 4, p. 59.

This paper contains an inquiry into the value of drainage tubes.

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**STANLEY.** — *Remarkable simulation of a Fatty Tumour by an Abscess, in two instances.* Lancet, April 27th, p. 409.

**JESSOP, W.** — *The Surgical Treatment of Sinuses.* Lancet, March 9th,  
p. 235.

Jessop reports two cases of obstinate sinuses in the groin successfully treated by making small cuts into each sinus at several points in its course, and then applying pressure so as to obliterate the sinus by adhesion of its opposite surfaces at the incised spots.

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**BERGH, R.** — *On Panaritium.* Hospitals Tidende, No. 45, 1859.  
Schmidt's Jahrb., vol. 109, No. 4, p. 63.

The author describes three kinds—the cutaneous, subcutaneous, and deep, together with their complications and treatment.

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**CADY, C. E.** — *Lumbar Abscess opening into the Bowels.* Philadelphia Med. and Surg. Rep., April 27th, p. 95.

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**VOILLEMIER.** — *The Treatment of Cold Abscess of the Neck, and of Critical Abscess by Capillary Puncture.* Journ. de Méd. et de Chir., vol. xxxii, Oct., part 10, p. 447, art. 6099.

The success which had attended this treatment in sanguineous tumours has led Voillemier to adopt it in abscesses of the above-mentioned kinds. He repeats the puncture from day to day, and immediately afterwards covers the abscess with a poultice.

VAN HOLSBEEK.—*Abscess of the Right Iliac Fossa; escape of pus by the Cecum and Anus; recovery.* Ann. de la Soc. Méd.-Chir. de Bruges, Jan. and Feb., 1860. Echo Méd., No. 8, April, p. 207.

SKEY.—*On Abdominal or Pelvic Abscess.* Lancet, April 27th, p. 406.

After describing at some length the symptoms and diagnosis of these abscesses of the iliac fossa, Skey concludes with the following remarks on their treatment:—"The indication to which the treatment in such cases clearly points is that which will most readily convert a chronic into an acute abscess. Any attempt to 'resolve' or 'dissolve' these morbid deposits would be futile, and quite unworthy the advanced progress of scientific surgery. To what end would mercurial ointment, iodine, and similar agents, point? What is their power? Do they possess any? And if they do, could mercurial inunctions induce the circulating system to reverse its action by taking up the morbid deposit it had previously got rid of?" "The condition is that of weakness." "All we can hope for, all that the best resources of art can achieve, is to change the chronic into an acute abscess, to advance the formation of pus, and to compel the abscess to select that locality through which it can most readily discharge its contents on a surface of the body." Skey endeavours to effect this by improving the appetite and by a liberal supply of food, stimulants, and plenty of fresh air. The abscess should be opened at the earliest moment fluid can be detected. He considers bark as the most valuable therapeutic agent in promoting suppurative action.

WILKS, Dr. S.—*Report on Pyæmia and some allied affections.* Guy's Hosp. Reports, vol. vii, p. 119.

An exhaustive report, founded on an analysis of 173 cases.

#### GANGRENE.

LAWRENCE.—*Mortification of the Foot and part of the Leg; great general swelling of the Thigh from effusion of blood; amputation of the Leg; recovery.* Med. Times and Gaz., Aug. 17th, p. 161.

BULLEN, K. ST. J.—*Case of Gangrene of both feet from Frostbite.* Med. Times and Gaz., Sept. 14th, p. 269.

APPLEY, W. L.—*Case of Spontaneous Amputation at the Shoulder-joint.* Amer. Med. Times, June 8th, p. 369.

April 15th, 1861.—A girl, æt. 6, had her arm crushed in a "see-saw." She received a compound fracture of the ulna, and dislocation of the elbow-joint. The hand and arm having become cold, the same evening warm alcohol and spirits of turpentine, with friction and artificial heat, were employed. Next day gangrene ensued, and extended to the shoulder and over the scapula whilst Appley waited for a line of demarcation before amputating. 24th.—Nine days after the accident the mortified limb was removed three inches below the head of the humerus. 29th.—Bleeding from the axillary artery occurred, and in turning the child on her side, in order to get at the vessel, the remaining

portion of the humerus, with the scapula and the soft parts covering them, fell off. A ligature was put on the artery, which bled freely. May 20th.—The child was able to walk out, and had nearly recovered.

## BURNS.

SCHON, C.—*Solution of Nitrate of Silver in Burns.*—Ugeskrift for Laeg., Bd. xxviii, p. 225. Schmidt's Jahrb., vol. 112, No. 11, p. 206.

The author advocates its immediate application in burns, even where considerable stripping of the epidermis or exposure of the deep structures has occurred. He dissolves grs. xxiv of the salt in 3vij Aq. destill., and covers the burned surface with lint dipped in this solution.

PEASE, P. C.—*Three cases of Burns treated with Oil and Cotton Batting.* Amer. Med. Times, Jan. 5th, p. 7.

## TETANUS.

HUTCHINSON and JACKSON.—*Report on cases of recovery from Traumatic Tetanus.* Med. Times and Gaz., April 6th, p. 360.  
This comprises a tabular statement of twenty-two cases.

O'BEIRNE, J.—*An exposition of the Nature and Treatment of Tetanus.* Dublin Med. Press, July 24th, p. 59.

COOTE, H.—*Tetanus following a Wound of the Finger; removal of the finger; treatment by cathartics; recovery.* Med. Times and Gaz., March 23rd, p. 304.

READ, W.—*Puncture of the Foot followed by Tetanus; subcutaneous injection; death.* Boston Med. and Surg. Journ., Jan. 10th, p. 469.

## INJURIES AND DISEASES OF THE SKULL AND BRAIN.

(A) *Miscellaneous Papers, &c.*

SCHNYDER.—(*Contribution to the Pathology and Treatment of Injuries to the Head.* (Schw. Mon. Schr., vol. iv, pp. 97—117, 1860.) Schmidt's Jahrb., vol. 112, No. 10, p. 56.  
Six cases of slight and grave injuries of the head.

MOLL, HILL, ZAGGL, GÜNTHER, GöRTZ.—*Cases of severe Injury to the Skull.* Schmidt's Jahrb., vol. 110, No. 6, p. 319.

MEYER, Prof. H.—*Some cases of interesting Recovery from Injuries to the Skull, together with observations on the correctness of the assumption of a greater brittleness of the so-called Lamina Vitrea of the Skull-cap.* With plates. Langenbeck's Archiv f. Klin. Chir., vol. ii, parts 1 and 2, p. 85.

HUTCHINSON.—*Cases of Abscess in the Brain.* Med. Times and Gaz., Feb. 23rd, p. 196.

In two of these cases the cerebral abscesses followed injuries to the skull, and in the other ear-disease.

LAWRENCE.—*Injury to the Head; cerebral symptoms, with otorrhœa.* Med. Times and Gaz., Feb. 16th, p. 173.

(b) *Concussion and Compression.*

QUAIN.—*Concussion of the Brain, with Paralysis of the Left Arm; persistence of the former; recovery, with impaired intellect.* Lancet, Oct. 19th, p. 372.

MASON, F.—*Report of a case of Compression of the Brain; symptoms coming on nine days after a fall on the occiput.* Lancet, June 8th, p. 559.

Death took place on the sixtieth day after the accident. A clot of blood, the size of two small walnuts, was found under the left side of the pons Varolii. The skull was not fractured. The substance of the brain, and its arteries were healthy.

HOLTHOUSE.—*Symptoms of Concussion, afterwards of Compression; extensive laceration of the Brain-substance, with extravasation of blood.* Lancet, Oct. 19th, p. 373.

YOUNG, J.—*Case of Concussion of the Brain.* Med. Times and Gaz., June 29th, p. 673.

(c) *Cases of Fracture of the Skull in which the trephine was not used.*

HEWETT.—*Compound Fracture of the Skull below the Occipital Protuberance; escape of cerebro-spinal fluid; recovery.* Lancet, Oct. 26th, p. 398.

LAWSON.—*Fracture of the Base of the Skull, with a discharge of watery fluid from the Ear; recovery.* Lancet, Oct. 26th, p. 399.

EVANS.—*Fracture through the Base of the Skull; absence of any well-marked symptoms; fatal result.* Lancet, Oct. 26th, p. 399.

SAVORY.—*Fracture of the Base of the Skull, with serous oozing from both Ears; recovery.* Lancet, Oct. 26th, p. 587.

MOTT, A. B.—*Fracture, Contusion, and Caries of the Cranium.* Amer. Med. Times, May 11th, p. 305.

LITTLE, J. L.—*Three cases of Compound Fracture of the Skull, and one of Fracture of the Base of the Skull.* Amer. Med. Times, May 18th, p. 321.

BROOKE.—*Compound Fracture of the Skull, with protrusion of the substance of the Brain; recovery.* Lancet, Oct. 19th, p. 373.

NEEDHAM.—*Case of Fracture of the Skull from a Rocket.* Med. Times and Gaz., Aug. 31st, p. 214.

ERICHSEN.—*Fall of a Hydrocephalic Infant from a Third-floor Window, fracturing the Skull; hemiplegia; fatal result.* Lancet, Nov. 2nd, p. 447.

(E) *Cases of Disease and Injuries of the Skull and its contents in which the Trephine was used.*

HUTCHINSON.—*Statistical Report of cases of Trephining performed in Provincial Hospitals during 1860.* Med. Times and Gaz., June 8th, p. 599.

This embraces five cases of compound fracture of the skull, with depression, two only of which, boys of four and thirteen years, recovered.

LE GROS CLARK, F.—*Necrosis of the Frontal Bone; symptoms of compression; trephining; recovery. Removal of dead bone a year after; recovery.* Med. Times and Gaz., Aug. 3rd, p. 107.

MINEB, J. F.—*Depressed Fracture of the Skull; trephining; recovery.* Amer. Med. Times, Jan. 19th, p. 44.

Three inches by two of the frontal bone, with dirt, and one ounce of cerebral tissue, were removed. Thirty-two days afterwards it is reported that the patient is nearly well.

ADAMS.—*Compound Fracture of the Skull of a Boy; use of the trephine; erysipelas; recovery.* Lancet, June 15th, p. 585.

LAWSON.—*Depressed Fracture of the Skull from a kick by a horse; removal of bone; fatal result.* Lancet, Oct. 19th, p. 374.

HOLT.—*Compound Fracture of the Skull; trephining; removal of sixteen spiculae of bone; death on the twelfth day from cerebritis.* Lancet, Oct. 26th, p. 400.

BRYANT.—*Compound Fracture of the Skull, associated with epileptiform convulsions; trephining; fatal result.* Lancet, Oct. 26th, p. 401.

BRYANT.—*Compound Fracture of the Skull; epileptiform convulsions; trephining; death. Autopsy.* Med. Times and Gaz., March 9th, p. 251.

JOHNSON.—*Compound Comminuted Fracture of the Skull, with depression; convulsions; use of the trephine; meningitis; death.* Lancet, June 15th, p. 585.

HOLT.—*Compound Fracture of the Skull, and laceration of the Brain; convulsions; use of the trephine; fatal result.* Lancet, June 15th, p. 586.

AYRES, D.—*Injury of the Frontal Bone, followed by epileptiform symptoms; trephining; complete recovery. Remarks and deductions.* Philadelphia Med. and Surg. Rep., July 20th, p. 356.

PILLINGS, J. S.—*Surgical Treatment of Epilepsy.* Cincinnati Lancet and Observer, June, 1861. Amer. Journ. of the Med. Sc., July, p. 299.

Contains a tabular statement of seventy-two cases of epilepsy, resulting from an injury to the head, where the trephine was used. Of these, sixteen, or  $22\frac{1}{2}$  per cent., were fatal; forty-two are reported as cured, four unchanged, and the remainder improved, but not entirely relieved.

**MASKOL.**—*Epilepsy, the result of injury to the Skull; trephining; cure.*

Amer. Med. Times, Jan. 19th, p. 45.

The left parietal bone had been injured by a blow two years previously. A spicula of bone was removed, after which the fits ceased.

**BUREN, VAN.**—*Trephining in Epilepsy.* Philadelphia Med. and Surg. Rep., Dec. 29th, 1860, p. 388.

In some comments on a case where this had been done, Van Buren remarks that this operation is comparatively a simple and harmless one, and explains the current opinion as to its seriousness by the fact that it is usually performed in cases which, from their nature, are fatal.

**SAYRE, L. A.**—*Trephining for Epilepsy. First trial of Galt's Conical Trephine.* Amer. Med. Times, Jan. 5th, p. 6.

This trephine "consists of a truncated cone, with spiral peripheral teeth, and oblique crown teeth; when applied, the peripheral teeth act as wedges so long as counter-pressure acts on the crown teeth; upon removal, however, of that pressure, by the division of the cranial walls, its tendency is to act on the principle of a screw; but owing to its conical form and the spiral direction of its peripheral teeth, its action ceases." In many experiments on the dead subject it could not be made to injure the coverings of the brain, notwithstanding the great force used. In Sayre's case the epilepsy was thought to be connected with an old injury of the occipital bone, but nothing unnatural could be detected on the inner surface of the disc of bone removed. The issue of the case is not stated.

#### THE MOUTH, PHARYNX, AND AIR-PASSAGES.—OPERATIONS, DISEASES, AND INJURIES.

##### *The Lips.*

**FOUCHER.**—*Atresia Oris after Scurvy, successfully treated by an operation.* Gaz. des Hôp., 106, 1860. Schmidt's Jahrb., vol. 110, No. 4, p. 74.

Foucher enlarged the mouth by slitting it at either angle into the cheek and stitching the skin to the mucous membrane.

**RYND, F.**—*Operations for remedying Deformities of the Lips consequent on congenital malformation, accident, or disease.* Dublin Quart. Journ., No. lixii, Aug. 1, p. 45.

##### *The Tongue.*

**HULKE, J. W.**—*Wart and Corn of the Mucous Membrane of the Tongue.* Med. Times and Gaz., Nov. 30th, p. 556.

**LEGGATT.**—*A case of Acute Glossitis.* Lancet, Feb. 2nd, p. 113.

The tongue was about three times its natural size, and of a deep-livid colour. The application of several leeches to the enlarged organ was followed by rapid diminution of the swelling.

HILTON.—*Acute Glossitis (Mercurial?).* Med. Times and Gaz., March 16th, p. 277.

PARKER.—*Epithelial Cancer of the Tongue; écraseur.* Amer. Med. Times, June 8th, p. 376.

There was some trouble in stopping the bleeding.

HUTCHINSON.—*Cancer of the Tongue; rapid progress; death within seven months. Cancer in the Lungs.* Med. Times and Gaz., March 16th, p. 276.

A case of epithelioma remarkable for secondary deposits in a distant internal organ.

#### *Tonsils and Salivary Organs.*

LAWRENCE.—*Great Hypertrophy of the Right Tonsil, blocking up the Pharynx; removal by the écraseur, without any haemorrhage.* Lancet, Oct. 19th, p. 372.

The tonsil, after removal, is described to have been of the size of a hen's egg.

PAULI, Dr. F.—*On the Pathogenesis and Cure of Salivary Tumours.* Langenbeck's Archiv für Klin. Chir., vol. ii, part i, p. 1.

The author discusses the various theories of the formation of these tumours, all of which he considers non-proven. He divides ranulae into primary and secondary; the former are dilatations of Wharton's duct, the latter are cystic cavities formed by the rupture of the distended duct, and the escape of its salivary contents into the surrounding cellular tissue. These two forms, or rather stages, of ranula he designates Ptyaloectasia and Ptyalocele. The latter Pauli treats with a tubular metallic ring, which consists of two halves united by a hinge-joint; each half of the ring is perforated near the hinge and near the snap, so that in the complete ring there are two pairs of holes leading into the tube. The open ring is inserted in the ranula through two parallel incisions of three lines long, and then closed in such a manner that the hinge lies inside the tumour, whilst the snap is in the mouth. The indications for discontinuing the ring are—sinking of the granulations round it, and the more purulent nature of the discharge (less mixed with spittle) which flows through the holes in the ring. The advantage of Pauli's ring over Dupuytren's cylinder is the ease with which it may be removed from time to time for cleansing, and the impossibility of its displacement. Together with this treatment Pauli employs iodine injections, by which the cure is hastened. Weak solutions should be used at first, and afterwards stronger. Pauli gives Tinct. Iod., 1 part to 4, 3, 2 and 1 of water, as the strength of those he uses, and attributes the evil consequences which occasionally attended this use of iodine by other surgeons to the employment of too strong mixtures.

ROSS, J. J.—*Case of Salivary Calculus.* Dublin Hosp. Gaz., May 1st, p. 129.

VIRCHOW, R.—*Rarer Stones from Man.* Virchow's Archiv f. Path. Anat. u. Phys., vol. xxi, part 1; second series, vol. i, part 1, p. 116.

A description of a salivary calculus, one inch and three eighths long, removed from Wharton's duct, and of two stones from the ureters.

WORMALD.—*Inflammation of the Parotid Salivary Gland.* Med. Times and Gaz., May 18th, p. 524.  
This treatment consisted in deep punctures.

#### *The Hard and Soft Palates.*

LANGENBECK, B.—*Uranoplasty by detachment of the Mucous-periosteal Covering of the Palate.* Langenbeck's Archiv für Klin. Chir., vol. ii, parts 1 and 2, p. 205.

The author discusses the several plans hitherto practised for closing clefts in the hard palate, and shows, by some most successful cases, the great advantage of using the periosteum together with the mucous membrane covering the defective bony arch in making flaps for the remedy of this deformity.

HULKE, J. W.—*Case of Closure of a Cleft of the Hard and Soft Palates.* Med. Times and Gaz., Aug. 31st, p. 213.

HOEVEN, J. VAN DER.—*On the adhesion of the Uvula and Lower Border of the Soft Palate with the Posterior Wall of the Pharynx.* Langenbeck's Archiv für Klin. Chir., vol. i, part 2, p. 448.

This adhesion resulted from syphilitic ulceration of the fauces. The soft palate was also perforated in three places (illustrated by a drawing).

PANCOAST.—*Soft, Brain-like Tumour in the Velum Pendulum Palati.* Philadelphia Med. and Surg. Rep., Jan. 19th, p. 431.

An encapsulated tumour, the size of an egg, in the substance of the velum, pressing down the tongue and hindering deglutition. It had already been twice opened. Pancoast passed a strong thread through it, and then cut it out. Its consistence was gelatinous, and its minute structure resembled that of fibro-cartilaginous tumours.

#### *The Pharynx.*

LEVERTIN, Dr.—*Case of Retro-pharyngeal Abscess.* Hygiea, Bd. xxi, p. 692. Schmidt's Jahrb., vol. 109, No. 4, p. 62.

A peasant, æt. 46, after recovery from typhus and gastric fever, was attacked with dysphagia October 13th. Nothing wrong was found in the neck. Next day the difficulty of swallowing was so great that not even a drop of water could be swallowed; fits of suffocation also occurred. 17th.—A swelling was discovered in the pharynx, and tracheotomy was performed by Professor Santesson. This was followed by some improvement in breathing and swallowing, but death took place on the 19th. The oesophagus having been laid open behind, two yellow points were found in its anterior wall, over the arytenoid car-

tilages. A probe passed into the point on the right side slipped into the cavity of an abscess of the size of a hazel-nut. This did not, however, communicate with the larynx, which was highly inflamed.

**STANLEY.**—*Fistulous Opening in the Neck communicating with the Pharynx.* Med. Times and Gaz., May 18th, p. 524.

**BIRKETT.**—*Lodgment of a Shilling in the Pharynx, and afterwards swallowed, without any ill effects.* Lancet, Feb. 9th, p. 137.

#### *The Oesophagus.*

**SYME, J.**—*Oesophagotomy.* Brit. Med. Journ., Aug. 24th, p. 193.

This was performed for the removal of a piece of mutton bone, extremely thin, but nearly an inch square. The patient was completely recovered at the end of a fortnight.

**JONES, Dr. H.**—*Lodgment of a Farthing in the Oesophagus of a Young Child; ejection through the influence of emetics.* Lancet, Feb. 23rd, p. 188.

**HAMILTON.**—*Stricture of the Oesophagus.* Dublin Hosp. Gaz., Feb. 15th, p. 58.

**LEWIS.**—*Carcinomatous Stricture of the Oesophagus; enormous passive distension of the stomach; death. Autopsy.* March 30th, p. 333.

#### DISEASES OF AND OPERATIONS ON THE JAW.

##### (A) *The Upper Jaw.*

**HUTCHINSON.**—*Statistical Report of Operations for Tumours of the Upper Jaw.* Med. Times and Gaz., June 15th, 1860, p. 629.

**ROSER.**—*Resection of the Jaw, with preservation of the Palate.* Archiv f. Heilkunde, part 3. Canstatt's Jahresb., vol. v, p. 1.

**GARRETSON, J. G.**—*Diseases of the Mouth* (continued). Philadelphia Med. and Surg. Rep., Aug. 24th, p. 459; Sept. 7th, p. 508; Sept. 21st, p. 552; Oct. 19th, p. 36.

The pathology of osteo-sarcomatous and osteo-carcinomatous tumours. The antrum, and its diseases.

**FERGUSSON.**—*Excision of the Superior Maxilla.* Med. Times and Gaz., May 25th, p. 550.

**PAGET.**—*Fibrous Tumour of the Antrum, successfully removed.* Lancet, March 30th, p. 313.

The tumour, which filled the antrum and had caused absorption of the floor of the orbit, was excised through an opening above the alveolus; the cheek was slit from the angle of the mouth.

**BUTCHER.**—*Successful Excision of the entire Upper Jaw and Malar Bone for an enormous Tumour, involving both and filling the Parotid Region.* Dublin Quart. Journ., Feb. 1st, p. 1.

*Cancerous Tumour of the Antrum; removal of the Antrum, involving the Antrum, of fibrous growth; success.*

Lancet, Jan. 5th, p. 6.

**FERGUSSON.**—*Fibrous Tumour of the Left Superior Antrum; removal; fatal result.* Lancet, Jan. 5th, p. 7.

**QUAIN.**—*Fibrous Tumour of the Superior Maxilla in a Girl aged 12; removal.* Lancet, July 5th, p. 9.

**MAISONNEUVE.**—*Enormous Ulcerating Cancer of the Face; simultaneous removal of the left upper jaw, of the greater part of the lower jaw, and all the corresponding soft parts.* Compt. de l'Acad. de Chir., No. 24, p. 50.

**PANCOAST.**—*Extensive Medullary Cancer of the Antrum; removal of the tumour with the superior maxillary bone and soft parts.* Philadelphia Med. and Surg. Rep., Jan. 19th, p. 432.

**SKEY.**—*Malignant Disease of the Upper Jaw, involving the Nose, and Orbit; partial removal.* Lancet, Jan. 5th, p. 10.

#### (6) *The Lower Jaw.*

**LANGENBECK, B.**—*Congenital Smallness of the Lower Jaw with Ankylosis of the Jaw, cured by resection of the Condyles.* Langenbeck's Archiv für Klin. Chir., vol. 1853, p. 451.

The patient, a lad, set. 17, first came under Langenbeck in 1853, at which time the incisors of the lower stood behind the upper jaw, towards, but not quite reaching, the hard palate. Motion in the joint, but so slight that no solid food could be passed between the teeth. After subcutaneous division of the masses and forcible separation of the jaws with a speculum, under a finger could be passed between the teeth, but no further insertion could be obtained, and the lad left Berlin. In time the mot-

At each attempt with the lever Langenbeck felt a movement in the joint, and experienced a sensation as if the lower jaw were jammed against some strong impediment, by which all further movement was prevented. No stretching of the temporal muscle could be felt above the malar bone whilst the lever was acting, but, on the other hand, the lower jaw (its coronoid process) was felt impinging on a firm obstruction, the posterior surface of the malar and superior maxillary bones. The proposed division of the temporal muscles now became objectless, and the idea occurred to Langenbeck that possibly a faulty shape and direction of the coronoid process was the cause of the difficulty. That this was the correct explanation was proved by the perfect success which followed the division of these processes a week afterwards, when the punctures of the first operation had healed. (Illustrated by drawings.)

**THOMSON, J.**—*Case of accidental removal of the greater part of the Lower Jawbone.* Edin. Monthly Journ., Dec., p. 587.

A man, whilst ploughing, was thrown down by his bullocks running away, and the coulter, catching his throat, tore away the entire horizontal portion and more than half of the right ramus of the lower jaw.

**PITHA.**—*Resection of the Lower Jaw.* Wiener Medic. Wochenschrift, 1860, Nos. 39, 40, 41, 42. Constatt's Jahresb., vol. v, p. 248.

**DENUCE.**—*Removal of the Lower Jaw on account of a considerable Tumour.* Gaz. des Hôp., No. 77, 1860. Schmidt's Jahrb., vol. 111, No. 7, p. 77.

**STANLEY.**—*Necrosis of the Lower Jaw occurring in a Lucifer-match Maker.* Med. Times and Gaz., Feb. 16th, p. 173.

**COOPER, E. S.**—*Reproduction of the left half of the Lower Jaw.* Amer. Med. Times, Feb. 23rd, p. 120.

This occurred after the exfoliation of half the jaw, including the coronoid and condyloid processes, which had perished from mercury.

**JOHNSON, J. G.**—*Removal of one half of the Maxilla Inferior for Necrosis; complete bony restitution and restoration of the functions of the Jaw.* Amer. Med. Times, May 25th, p. 338.

The necrosis was consequent upon an injury received in the removal of a tooth. The portion of bone removed included the coronoid and condyloid processes, the ramus, and body of the jaw on the left side, as far forwards as the lateral incisor tooth. The periosteum was turned aside with the handle of a scalpel. One year afterwards the restoration is said to have been complete and the articulation perfect.

**MOTT, A. B.**—*Necrosis of Inferior Maxilla; plastic operation.* Amer. Med. Times, June 8th, p. 371.

Phosphorus-necrosis. The entire lower jaw was removed. The subsequent cicatrization drew down the lower lip and prevented the closure of the mouth. For the relief of this a plastic operation, by sliding and transplantation, was performed.

**BOWMAN, W.**—*Fibrous Growth imbedded in the Alveolus of the Lower Jaw; successful extirpation.* Lancet, Jan. 5th, p. 6.

ADAMS, Wm.—*Epistaxis arrested by Digital Compression of the Lower Jaw, five minutes after bone was excised; good recovery.*—Lancet, Jan.

AIR-PASSAGES.

*Various Affections of the Nose.*

HIART DE MUGRON.—*Epistaxis arrested by Digital Compression of the Lower Jaw, five minutes after bone was excised; good recovery.*—Lancet, Jan.

Believing that the bleeding usually comes from a point within reach of pressure with the fingers, H. de Mugron also of the nose to be pinched with the finger and thumb, at the end of five minutes the bleeding is infallibly stopped.

BRYANT.—*Adhesion between the Septum Nasi and the Lateral Bone.*—Lancet, Aug 31st, p. 207.

This probably resulted from ulceration of the mucous membrane.

DEMARQUAY.—*Hypertrophy of the Mucous Membrane of the Turbinated Bone.*—Gaz. des Hôpits., 29, 1861. Schmidt's Jahrb., vol. 112, No. 11, p. 200.

PANCOAST.—*Plastic Operation for the formation of a New Nose.*—Philadelphia Med. and Surg. Rep., Feb. 9th, p. 509.

A short historical account of rhinoplasty.

DEMARQUAY.—*Deviation of the Septum of the Nose, in consequence of a blow with a fist; cure by a new operation.*—Gaz. de l'Académie de Paris, 1859. Schmidt's Jahrb., vol. 109, No. 4, p. 71.

Demarquay split the nose in the middle line to the upper edge of the mucous membrane from the triangular cartilage which extends into the left nostril, and cut away so much of this cartilage as to give the nostril.

forwards, seized with a polypus forceps, guided along the wire, and wrenched off. The patient spat the tumour into his hand. It measured three and one eighth inches in length, four and three quarters inches round at its broad end, and three inches round at the centre.

#### THE LARYNX AND TRACHEA.

##### *The Laryngoscope.*

CHURCH, Dr. W. H.—*Description and use of the Laryngoscope.* Amer. Med. Times, March 16th, p. 173.

This is a paper read before the Academy of Medicine, March 6th, 1860.

GERHARDT, C., and ROTH, F.—*On Syphilitic Diseases of the Larynx.* Virchow's Archiv f. path. Anat. und Phys., vol. xxi, part i; second series, vol. i, part i, pp. 7—44.

An account of various affections of the larynx, observed by the authors with the laryngoscope in persons affected with constitutional syphilis. In the earlier stages of this cachexy condyloma is the commonest affection.

WALKER, T. J.—*Report of a case of Polypoid Growth of the Larynx, diagnosed and removed by aid of the Laryngoscope.* Lancet, Nov. 9th, p. 445.

##### *Laryngeal Pneumatocele and Fistula.*

HUTCHINSON.—*Case of Perforation of the Larynx, and formation of a circumscribed Pneumatocele in the Neck.* Med. Times and Gaz., March 30th, p. 329.

A fluctuating, tympanitic swelling, the size of a pigeon's egg, over the lower part of the larynx and front of the trachea, disappearing on compression, and refilling when the patient coughed.

ERICHSEN.—*Extensive Wound of the Larynx and Neck, followed by an Aërial Fistula.* Lancet, Dec. 7th, p. 547.

##### *Tracheotomy.*

MARTINI, Dr. O.—*On Tracheotomy.* Schmidt's Jahrb., vol. 111, No. 8, p. 203.

A third and very voluminous report of the recent literature of this operation. The first and second reports appeared in Jahrb., vol. 98, p. 102; and vol. 102, p. 73.

MAYNDER.—*A Word on Tracheotomy.* Lancet, March 16th, p. 263.

The trachea having been incised, the point of a double hook is to be inserted through the incision into the windpipe, which is to be raised and fixed. The clasp being slipped, the halves of the hook separate and widen the slit in the trachea; this done, the tube may be passed with ease and the hook withdrawn. Whilst the inner tube is removed for

cleaning, a small elastic catheter should be introduced through the outer tube into the windpipe, to prevent the serious obstacle to breathing caused by the accumulation of inspissated mucus at the end of the tube.

**EDWARDS, A. M.**—*Notes upon Tracheotomy, with cases; to which are added two cases of Hernia.* Edin. Med. Journ., March, p. 799.

After reviewing the discrepant opinions which prevail respecting the relative advantages of laryngotomy and tracheotomy, and the part of the trachea which should be opened, Edwards states it as his experience that laryngotomy is seldom intentionally performed. He prefers to open the trachea low in the neck, giving as his reason that in this situation the opening is far from the disease and from the sensitive mucous membrane of the larynx. He begins his incision over the upper margin of the sternum, and regulates its length by the thickness of the neck and probable depth of the trachea. He recommends the lips of the tracheal wound to be held apart, with the handle of the scalpel turned half round, so as to allow the patient to breathe a few times before the insertion of the canula. He objects to chloroform where tracheotomy is done for dyspnoea until after the insertion of the tube, when he finds a few drops on a handkerchief very useful in allaying troublesome paroxysms of cough. The danger of the surgeon sucking out the tube when obstructed with the tracheal secretions is enforced by his own case and that of his assistant, both having had serious inflammation of their own throats by doing this. If there is proper attendance the tube should be taken out when sputa come through the rima glottidis, or the exudation softens, but if the patient is at a distance from assistance great caution is necessary. The reproduction of the tracheal cartilage is illustrated by a case, and a drawing is given of a case of stricture of the oesophagus with laryngeal abscess, where tracheotomy was performed, and where the patient died some days afterwards from haemorrhage. At the autopsy it was found that the internal jugular vein had been opened by the abscess.

**HUTCHINSON.**—*Statistical Report of cases of Tracheotomy occurring in Provincial Hospitals during the year 1860.* Med. Times and Gaz., June 8th, p. 598.

This comprises five cases, four of which were fatal—one, œdema of glottis; three, pressure on the larynx from without by tumours; and one, tubercular ulceration.

*Bronchotomy in Diphtheria.*

**HILLIER, T.**—*On Tracheotomy and Laryngotomy in Diphtheria.* Med. Times and Gaz., Feb. 23rd, p. 194.  
A report of two cases.

*Bronchotomy in various Diseases and Accidents accompanied by  
Œdema of the Larynx.*

**HILLES, M. W.**—*Œdema of the Larynx.* Lancet, Aug. 17th, p. 169.  
For this Hilles suggests the free exposure of the interior of this organ, by slitting up the thyroïd and perhaps also the cricoid cartilage along the median line.

- HUTCHINSON.—*Scald from drinking Boiling Water; Tracheotomy; death six days later.* Med. Times and Gaz., Aug. 24th, p. 188.
- IGHAM, R. N.—*Successful Laryngotomy for Tonsillitis, inducing Oedema of Glottis.* Amer. Med. Times, Jan. 12th, p. 25.
- PEACOCK and LE GROS CLARK.—*Subacute Laryngitis; Tracheotomy; recovery.* Med. Times and Gaz., July 27th, p. 85.
- DAVEY, J. G.—*Laryngitis; death under Chloroform, administered prior to and during Tracheotomy.* Brit. Med. Jour., May 25th, p. 549.
- FERGUSSON.—*Disease of the Larynx; Tracheotomy; recovery. Relapse of the Dyspnœa; second Tracheotomy; recovery.* Med. Times and Gaz., Aug. 24th, p. 187.
- PAVY.—*Neurosis of the Cricoid Cartilage, with severe attacks of Dyspnœa from pressure on the Recurrent Laryngeal Nerve; Tracheotomy; fatal results.* Lancet, Oct. 12th, p. 348.
- LEARED.—*Laryngeal Phthisis; Tracheotomy; death. Autopsy.* Med. Times and Gaz., Aug. 24th, p. 189.  
Ulcerative destruction of the entire laryngeal mucous membrane, with thickening of the epiglottis; tubercle in various stages, and congestion of the lungs; emphysema of the anterior mediastinum.
- FORSTER, C.—*Abscess of Larynx; Tracheotomy; death five weeks after the operation. Autopsy.* Med. Times and Gaz., Aug. 24th, p. 188.  
Necrosis of cartilage.
- BRYANT and GULL.—*Syphilitic Laryngitis; Tracheotomy; death. Autopsy.* Med. Times and Gaz., Aug. 24th, p. 188.  
Death from pneumonia nearly two months afterwards. The epiglottis was gone, the glottis thickened, and the pharynx was scarred and warty.
- BRYANT.—*Syphilitic Disease of the Larynx; Laryngotomy.* Lancet, June 29th, p. 627.
- RUSSELL and BOLTON.—*Syphilitic Inflammation of the Larynx; acute Oedema; Tracheotomy; death from haemorrhage occasioned by an ulcer in the Trachea.* Brit. Med. Journ., April 6th, p. 355.  
The ulcer was most probably caused by the fretting of the mucous membrane of the trachea by the back of the tube.
- DARKE, F. R. P.—*Case of Laryngotomy.* Lancet, April 20th, p. 388.  
A case of syphilitic laryngitis. The crico-thyroid membrane was incised with H. Thompson's laryngotome. The patient recovered, but could not leave off the tube.
- Tracheotomy in Croup.*
- GREENE, H. B. C.—*Case of Croup; Tracheotomy; recovery.* Boston Med. and Surg. Journ., Jan. 31st, p. 529.
- CABOT, S.—*Successful case of Tracheotomy in Croup.* Boston Med. and Surg. Journ., Feb. 7th, p. 22.
- AXERS, J.—*A case of Croup; Tracheotomy; recovery.* Boston Med. and Surg. Journ., Feb. 7th, p. 18.

WATSON.—*Fatal case of Tracheotomy in Croup.* Edin. Med. Journ., Feb., p. 678.

MINER, J. F.—*Tracheotomy in Croup; death.* Amer. Med. Times, Jan. 19th, p. 43.

This was performed in the last stage of the disease. After death, which took place thirty-one hours after the operation, croupous exudation was found in the trachea and smallest bronchial tubes.

FARRE.—*Croup; Tracheotomy; death four weeks afterwards. Autopsy.* Med. Times and Gaz., Aug. 24th, p. 187.

Hæmorrhage on the twenty-sixth day after the operation was the immediate cause of death. The tracheal mucous membrane was very vascular, and on the posterior wall were several small ulcers. There was also a large abscess in the anterior mediastinum, and evidences of recent pleuro-pneumonia and pericarditis.

RADCLIFFE, Dr.—*Two cases of Cynanche Trachealis; Tracheotomy in the second, followed by death twenty-four hours after.* Lancet, April 13th, p. 339.

JONES, Dr. H.—*Four cases of Cynanche Trachealis; Tracheotomy performed in two, with recovery in one.* Ib.

REES, Dr. V.—*Cynanche Trachealis, subsequently relapsing into Bronchitis; recovery.* Lancet, April 13th, p. 360.

In three of these seven cases tracheotomy was performed, with one recovery. Of the four remaining cases, two lived.

#### *Bronchotomy for the removal of Foreign Bodies.*

MOORE, Dr. ADAMSON.—*Stone in the Trachea.* Dublin Hosp. Gaz., Feb. 1st, p. 39.

On the fifth day the child was first brought into the hospital, and turned head downwards; this was repeated two days afterwards, but without success. The trachea was then opened, and the point of the knife struck the stone. Immediately there was a convulsive effort at swallowing, and the stone probably got into the stomach, for next day it was passed in a stool. The child died on the second day after the operation.

PADLEY, G.—*Two cases of Foreign Bodies in the Air-passages.* Brit. Med. Journ., Jan. 5th, p. 7.

CHITTENDEN, G. W.—*Foreign Substance in the Larynx; Tracheotomy.* Boston Med. and Surg. Journ., April 25th, p. 267.

A pin. It slipped from a forceps introduced into the larynx through the wound, and was expelled by cough.

TOMSON, J. J.—*On the use of Looped Wire in the removal of Foreign Bodies from the Air-passages, with a report of two cases.* Amer. Med. Times, Jan. 12th, p. 25.

In two cases of tracheotomy, where all previous attempts to seize the foreign bodies (in one case a piece of clay pipe, in the other a grain of corn) with forceps had failed, Tomson succeeded in withdrawing them

with a bit of wire bent in a loop, in the way that corks are extracted from bottles into which they have slipped.

*Tracheotomy for Obstruction of the Larynx by a Tumour.*

CROSSE, T. W.—*Tumour of the Larynx.* Brit. Med. Journ., Oct. 19th, p. 411.

At the autopsy a considerable number of small, warty vegetations were found on the mucous membrane just above the chordæ vocales. Tracheotomy, had been performed several months before death on account of the urgency of the dyspnoea.

CHEST.

(A) *Penetrating Wounds.*

LITTLE, J. L.—*Stab-wounds of the Chest; wound of Diaphragm and Liver; wound of Intercostal Artery; death. Autopsy.* Amer. Med. Times, June 22nd, p. 403.

MASH.—*Punctured wound of the Chest; recovery.* Med. Times and Gaz., June 15th, p. 629.

Although the lung was traversed by the prong of a hay-fork, there was no bloody spit.

FINNELL.—*Punctured wound of the Lung.* Amer. Med. Times, May 11th, p. 304.

(B) *Abscesses.*

BILLROTH.—*On Abscessing Peripleuritis.* Langenbeck's Archiv f. Klin. Chir., vol. ii, parts 1 and 2, p. 131.

Under this name Billroth describes two cases of inflammation of the sub-pleural cellular tissue, ending in abscess. Without close observation and a thorough knowledge of the case from the commencement, the diagnosis is not always easy. Periostitis of the ribs with consecutive pleurisy is the most likely affection to be mistaken for it.

LENT, F. D.—*Fistulous Opening in the Walls of the Chest.* Amer. Med. Times, May 18th, p. 317.

The consequence of empyema pointing between the third and fourth ribs, below the collar-bone.

PERRIN.—*Peculiar form of Lung-skin-fistula.* Gaz. des Hôp., 9, 10, 1860. Schmidt's Jahrb., vol. 112, No. 10, p. 79.

Abscess opening into the thoracic cavity, as well as externally, and communicating with the lung.

SHANN.—*Large Abscess in the right Loin, opening into the right Lung; expectoration of large quantities of purulent matter; subsequent external evacuation; death. Autopsy.* Med. Times and Gaz., Aug. 31st, p. 218.

## AMPUTATION.

## (A) General Reports, Essays, &amp;c.

HUTCHINSON.—*Statistical Report of Amputations performed in Provincial Hospitals during the year 1860.* Med. Times and Gaz., April 20th, p. 416; April 27th, p. 442.

COOPER and HOLMES.—*Statistics of Amputations at St. George's Hospital during seven years.* Med. Times and Gaz., April 6th, p. 358.

TEALE, T. P.—*Statistics of Amputations at the Leeds General Infirmary during eight years.* Med. Times and Gaz., July 6th, p. 5.

This report contains an analysis of 189 amputations, forty-five of which were fatal, and an interesting comparison of the relative value of the circular, double flap, and rectangular methods of amputating.

FOUCHER.—*On Laugier's Method of Bandaging Amputation Stumps.* Gaz. des Hôp., 138, 1860. Schmidt's Jahrb., vol. 109, No. 4, p. 74.

Foucher recommends this method, which consists in the application of two splints of cork that project beyond the end of the stump, and are deeply notched, the fingers being pierced for a tape with which each pair of fingers is tied together. These splints are intended to fix the soft parts, and keep the edges of the wound in good apposition.

PEMBERTON, O.—*On Amputation by Rectangular Flaps.* Med. Times and Gaz., Dec. 21st, p. 631.

A critical review of Teale's method of amputating, with statistics of twenty-two cases where this had been followed, and of twenty-two cases where the ordinary flap or circular amputations had been performed.

HEYFELDER, J. F.—*Amputations with preservation of the Periosteum for covering the ends of the sawn Bones.* Bull. de l'Acad. Roy. de Méd. de Belgique, deuxième série, vol. iv, No. 3, p. 165.

The periosteum can be more easily preserved in flap than in circular amputations. In a healthy state it is not easily separated from the bone, and sometimes is torn, but this does not appear to influence the result.

ROUX, J.—*On Secondary Amputation after Gunshot Wounds.* Gaz. des Hôp., 50, 1860. Schmidt's Jahrb., vol. 109, No. 1, p. 74.

Roux was, during the Italian campaign, superintendent of the Hospital of Mary, in St. Maudrier, in the roads of Toulon, which received more than 2000 wounded and nearly 3000 fever patients. 220 men had undergone amputation on the battle-field, or in the ambulances and nearest hospitals. Twenty-six secondary amputations were performed by Roux. In every shot-wound two circumstances come into consideration—1st, the injury; 2ndly, the consecutive inflammation which develops itself in the soft parts and bones. Inflammation of the medullary membrane, osteo-myelitis, occurs when a bone has been bruised or crushed, especially if the shot has struck the spongy tissue of the short bones, or the extremity of a long bone, or the medullary

canal. The inflammation, at first local, afterwards spreads, and finally involves the whole bone. Roux recognises three degrees or periods—(1) congestion, resolution, recovery; (2) softening, amputation; (3) suppuration, death. The shot-wound is at first an accident, but with the occurrence of inflammation and reaction we have a disease which presents two phases—(a) the phlegmonous, embracing several weeks, during which the inflammation spreads in the soft parts, but continues local in the bone; (b) the osteo-myelitic, extending over several months, or even a year, in the course of which the inflammation spreads in the bone, and is limited in the soft parts. When in extensive osteo-myelitis secondary amputation is performed according to the generally accepted rules, a portion of the disease is necessarily left with the additional injury done by the saw. In order to effect a real cure, the entire diseased part should be taken away, and this, as a rule, necessitates the ex-articulation of the whole bone affected with osteo-myelitis. The correctness of these views is supported by the fact that six out of eight patients died in whom amputation or resection was performed in the continuity of a bone, whilst of twenty-two secondary exarticular operations all recovered. Roux concludes with the following aphorisms:—(1) Osteo-myelitis is unavoidable after shotwounds, but in most instances gets well. (2) It commonly invades, more or less quickly, the entire bone. (3) Secondary amputation or resection in the continuity of an injured bone is open to the risk of not removing the whole evil, and but too frequently leaving a part of the diseased bone. (4) To these partial operations on the primarily affected bone the imperfect results which bring about the death of the patient are to be attributed; perhaps they are the principal causes of the failure of secondary amputations in general.

(B) *Amputations in the Upper Extremity.*

HUTCHINSON.—*Statistical Report of Amputations at the Shoulder-joint performed in the Provincial Hospitals during the year 1860.* Med. Times and Gaz., May 25th, p. 547.

FERGUSSON.—*Disarticulation of the Shoulder-joint for a Medullary Tumour of the upper end of the Humerus; recovery.* Lancet, July 13th, p. 32.

COOTE.—*Disarticulation of the Shoulder-joint for a severe injury inflicted by machinery.* Lancet, July 20th, p. 61.

HOLT.—*Disarticulation of the Shoulder-joint for a recurrent Fibroid Tumour of the Arm; recovery.* Lancet, July 20th, p. 61.

ERICHSEN.—*Disarticulation of the Shoulder-joint for extensive injuries to the entire Arm produced by machinery; fatal result.* Lancet, July 20th, p. 33.

CROSKERY, H.—*On Excision of the Tendons in Amputation of the Fore-arm at the lower third.* Dublin Med. Press, May 1st, p. 301.

(C) *Amputations in the Lower Extremity.*

PANCOAST.—*Amputation of the Thigh for ununited fracture of the Femur, with ankylosis of the Knee-joint; remarks on the pathology*

*of the disease, &c.* Philadelphia Med. and Surg. Rep., March 16th, p. 644.

The femur had been fractured eight months previously; union did not take place, and the limb was three and a half inches shorter than its fellow. Attempts were made to procure union by extension, apposition of the ends of the bone, and occasional irritation. After three months Pancoast sawed off the ends, and then, making the fresh ends overlap, drilled them and bound them together with a silver wire. In doing this it was found that the fracture had run across the nutrient forearm and destroyed the artery, in consequence of which the upper fragment had undergone atrophy, and had become hollowed into a large cavity. At the end of five months there was still no union, and the limb was amputated.

DOLMAN, A. H.—*Amputation through the Knee-joint.* Brit. Med. Journ., June 15th, p. 628.

The operator, M. Fearn, made a long anterior and a short posterior flap, and left the patella.

TENDERINI, J.—*Simultaneous Amputation of both Legs and the Right Arm.* Giorn. della R. Acad. di Med. di Torino, 28 Févr. Echo Méd., No. 8, April, p. 207.

The patient, a lad of seventeen, made a very rapid recovery.

HUTCHINSON.—*Statistical Report of Amputations below the Knee performed in Provincial Hospitals during 1860.* Med. Times and Gaz., May 11th, p. 492.

PANCOAST.—*Case of Pirogoff's Operation.* Philadelphia Med. and Surg. Rep., April 20th, p. 64.

AGNEW, H.—*Amputation through the Metatarsal Bones.* Philadelphia Med. and Surg. Press, Jan. 5th, p. 368.

SZYMANOWSKI, Prof.—*Criticism of the Partial Foot-amputations, based on a new anatomical explanation of the Architecture of the Foot.* Archiv für Chir., vol. i, part 2, p. 366. Berlin, 1861.

An elaborate study of the mechanism of the foot, with reference to the disadvantageous consequences of partial amputations. Szymanowski regards the two feet together as a dome-vault, which is only interrupted in front, and which has its bearings in the inner and lower process of the tuber calcanei, the tuberositas metatarsi v., and the ossa sesamoidea hallucis.

SZYMANOWSKI, Prof.—*Modification of Pirogoff's Osteoplastik.* Med. Ztg. Russl., 10, 1859. Schmidt, vol. 109, No. 2, p. 212.

Szymanowski takes his flap principally from the inner side, protects the posterior tibial artery with the handle of a scalpel pushed between the vessel and the bone, saws through the malleoli from behind forwards, and lastly saws the calcis off straight just behind the astragalus. He begins his incision behind the outer ankle, at the border of the tendo Achillis, carries it downwards and forward, under the heel, and prolongs it upwards over the tuberosity of the scaphoid bone, in front of the inner malleolus; the extremities of this incision are connected by a horizontal cut across the front of the ankle-joint and the outer mal-

leolus. The advantages of this modification are the certain preservation of the posterior tibial artery and its greater length, and the facility which the lateral flap affords to the escape of discharge.

**BOUVIER.**—*On Chopart's Amputation, with especial reference to division of the Tendo Achillis.* Gaz. des Hôp., 74, 1860. Schmidt's Jahrb., vol. 109, No. 2, p. 208.

At a meeting of the Société de Chirurgie, June 13th, 1860, Bouvier, in some remarks on this operation, gave the difficulty of avoiding elevation of the heel during the after-treatment as the principal reason why the operation had not been more widely accepted. This evil was observed soon after the first introduction of the operation into practice. In order to remedy it M. A. Petit cut the tendo Achillis, 1799. According to Bouvier, the heel becomes raised in a very large number of cases, and the various modifications in forming the dorsal and plantar flaps, though not unimportant, fail to prevent it. Bouvier also considers the division of the tendo Achillis to be only a temporary remedy; when the cut tendon unites, the heel is again drawn up. He recommends removal of the sharp lower border of the anterior extremity of the calcis, which presses the lower flap when the patient tries to walk, and causes pain. Streubel criticising Bouvier's remarks, shows that German assign a higher value to the operation than French surgeons, but adds that, on the whole, it has not been very frequently practised. This Jäger ascribes to surgeons being too often misled, by the upward extension of the swelling and fistulae, into amputating higher than necessary. According to Jäger and Textor, the wound is well disposed for healing, and the prognosis as regards mortality, and also the usefulness of the stump, is, in general, favorable. The heel is drawn up less commonly and to a less extent than the French surgeons would have us believe. In successful cases the formation of a firm scar on the upper surface, intimately blended with the tendons and the plantar flap, prevents the injurious action of the muscles of the calf. The plantar flap should be large, and the tendons in both flaps should be cut long. During the after-treatment the foot should be kept at a right angle to the leg. Streubel notices the occasional prevention of inflammation of the ankle-joint. The preventive simultaneous division of the tendo Achillis, recommended by some, is unnecessary; its division whilst the stump is acutely inflamed is also deprecated. When cicatrization begins, if the contraction of the tendon is great, its division may be practised with advantage. Patients should not begin to walk too early, and should wear a carefully padded boot.

## BONES.

*Operations, Diseases, Injuries.*

**SCHILLBACK, L.**—*Contributions to Resections of Bones. Third division.*  
*—Resections in the Trunk and Head.* With a lithographed plate.  
 Jena, Manke, 1861, ix, pp. 243—438. Canstatt's Jahresh., vol. v,  
 p. 244.

These comprise a partial resection of the shoulder-blade, one of the fifth rib, of portions of the cranial bones, of the malar bone, and of the upper and lower jaw.

**BUTCHER.**—*Excision of the Radius from one articular surface to the other; recovery, with almost perfect motions and functions of the limb preserved.* Dublin Quart. Journ., Feb. 1st, p. 29.

#### *Bone-growth.*

**HUMPHREY, G. M.**—*Observations on the growth of Long Bones and of Stumps.* Med.-Chir. Trans., vol. xliv, p. 417.

#### *Bone-absorption.*

**BILLROTH, Dr. H.**—*On Bone-absorption.* Langenbeck's Archiv f. Klin. Chir., vol. ii, parts 1 and 2, p. 119.

Billroth adduces some well-marked examples of the absorption of ivory pegs driven into living bone—a now well-known fact—in disproof of Virchow's theory of the origin of the pits seen in exfoliated bone, according to which, through the agency of the living bone-cells, the bone falls to pieces into its separate cell-territories, of which it was originally constructed. Billroth thinks that the granulations convey a solvent of the bone-earth, which, when dissolved, is absorbed by their vessels and removed. Absorption does not go on where the living granulations are separated from the dead bone by a layer of pus.

#### *Diseases of Bone.*

**LE GROS CLARK, F.**—*Diseases of Bone.* Med. Times and Gaz., Feb. 16th, p. 165.

A clinical lecture.

#### *Caries and Necrosis.*

**SENFTLEBEN, H.**—*On the Predilection-places of Partial Necrosis.* Virchow's Archiv f. Path. Anat. u. Phys., vol. xxiii, part 3; new series, vol. i, part 3.

From the results obtained during three years at the Berlin Surgical Clinik the author shows the slight danger of operations for necrosis compared with that which attends other operations on bones, e.g. resections; no death having occurred during this period in cases of the first kind, whilst one third of the cases of resection had ended fatally from pyæmia. He explains the safety of operations for necrosis by the fact that fresh bony surfaces are not exposed, the cavities from which the sequestra are removed being lined with granulations or, in some instances, with condensed bony tissue. Where the latter happens recovery is retarded, because the eburnated tissue, from want of sufficient vascularity, cannot form granulations, and continues to exfoliate. Eburnation is chiefly observed where the necrosis is slow and gradual, particularly in central necroses, operations for which are attended with more injury to the soft parts than those undertaken for other forms.

Senftleben recommends the application of the hot iron to the condensed bone after removing sequestra, in order, if possible, to destroy it as far as the vascular layers, and render granulation possible. The difference between total and partial necrosis is said to depend essentially on the intensity of and the rapidity of the preceding inflammation of the bone and periosteum; and the extent of the necrosis, as regards the peripheral layers of a bone, to depend on how far the vessels piercing the bone from the periosteum have remained uninjured. The localization of partial necrosis "depends principally on the histological properties of the periosteum in different situations."

The cortical layer of bone has a covering of three kinds:—(1) Periosteum. (2) Fasicæ and tendons at the processes and crests, the smaller vascularity of which predisposes to suppuration and death, in consequence of which the hard, bony tissue becomes bathed in pus. The causes of inflammation of these tendinous and periosteal structures are rheumatism, scrofula, syphilis, and violence. The diagnosis and removal of sequestra in the neighbourhood of joints have their difficulties; the joints themselves are often involved, but recover after removal of the source of irritation. In suppuration of a joint, consequent on necrosis of a portion of one of the articular surfaces forming it, extraction of sequestrum may often replace complete excision of the joint.

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SAYRES, L. A.—*Case of Necrosis of Left Femur; elongation of the same by three and a half inches in excess of its fellow; the extremity four inches longer than the right; removal of the sequestrum; secondary haemorrhage, and death of the patient.* Philadelphia Med. and Surg. Rep., June 15th, p. 247.

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FERGUSSON.—*Necrosis of the Femur; removal of a very large sequestrum.* Lancet, April 20th, p. 387.

The sequestrum was nearly seven inches long, and comprised the whole thickness of the bone.

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COOPER, E. S.—*Removal of over five inches of the lower end of the Femur; reproduction of the bone; subsequent disease; amputation; recovery.* Boston Med. and Surg. Journ., July 11th, p. 481.

The patient a boy, æt. 16. The nature of the disease is not given, but the bone was softened, and the periosteum was readily separable from it. Cooper divided the periosteum longitudinally, turned it aside, and cut out the lower end of the shaft as far as the condyles. Eight months afterwards, burrowing abscesses, reaching from the knee to the hip, rendered amputation necessary.

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WALTER, A. G.—*Removal of the Scapula by Enucleation close to the Glenoid Cavity.* Philadelphia Med. and Surg. Rep., Sept. 21st, p. 557.

A case of necrosis, in which the neck and the acromion process having been cut through with forceps and chain-saw, the body of the scapula

was shelled out of the thickened and loosely attached periosteum. The patient retained a very useful limb.

HITCHCOCK, H. O.—*Case of Internal Necrosis after severe injury of the Thigh, with extensive chronic sub-periosteal abscess; operation; cure.* Amer. Journ. of Med. Sciences, No. lxxxiv, new series, Oct., p. 424.

HILTON.—*Necrosis of the entire Shaft of the Clavicle.* Med. Times and Gaz., May 11th, p. 495.

FUQUA, W. M.—*Excision of the Clavicle (for caries).* Maryland and Virginia Med. Journ., Nov., 1860. Amer. Journ. of Med. Science, Jan., p. 298.

HILLMAN.—*Necrosis of the Astragalus; successful removal.* Lancet, Sept. 28th, p. 295.

COOPER, E. S.—*Death from Pyæmia after excising a portion of the Tibia.* Amer. Med. Times, June 1st, p. 353.

JACKSON.—*Superficial Caries of the lower part of the back of the Femur, the result of a diffused Aneurism.* Boston Med. and Surg. Journ., July 4th, p. 470.

A negro, æt. 18, whilst poising a heavy weight, felt sharp pain in the left ham, which became swollen. Six weeks afterwards, the circumference at the knee was thirty inches, the skin being distended by clots almost to bursting. The leg was mottled and cold. Amputation at the upper third of the thigh. After lingering some weeks, the boy died. The popliteal artery was lost in a vast sac, containing several quarts of coagula. The tibial and peroneal arteries were contracted at their origin, but of full size and healthy below.

BARTON, J. K.—*Excision of a portion of the Os Calcis for Caries; recovery, with a useful foot.* Dublin Hosp. Gaz., July 15th, p. 215.

URE.—*Extensive Caries of the Astragalus and Os Calcis in a Child; Symes's Amputation at the Ankle-joint.* Lancet, Dec. 7th, p. 547.

PAGET.—*Disease of the Tarsus; Pirogoff's operation; recovery.* Med. Times and Gaz., April 6th, p. 365.

BRYANT.—*Disease of the Ankle- and Tarsal-joints; Pirogoff's amputation; rapid recovery, with an excellent stump.* Med. Times and Gaz., March 9th, p. 251.

#### *Circumscribed and diffused Suppuration within Bones.*

HODGE, Dr.—*Abscess in the Head of the Tibia.* Amer. Journ. of Med. Sciences, No. lxxxiv, new series, Oct., p. 446.

BAUR, Dr.—*Case of Endostitis of Left Tibia of sixteen years' standing; formation of bone-abscesses; failure in trephining; subsequent amputation; recovery.* Philadelphia Med. and Surg. Rep., Aug. 10th, p. 423.

SANDS.—*Extensive Disease of the Tibia, &c.* Amer. Med. Times, May 18th, p. 329.

A case of suppurative inflammation of the medullary membrane, with secondary inflammation of the knee-joint.

*Simple and Cancerous Tumours of Bone.*

SCHUH, FR.—*Extirpation of the Scapula on account of Osteo-carcinoma.*  
Wien. Med. Wchnschr., 36, 1860. Schmidt's Jahrb., vol. 111,  
No. 7, p. 78.

A semi-globular tumour, the size of an ostrich's egg, formed, in five months, on the right shoulder-blade of a previously healthy girl, eight years old. It was bounded above by a line drawn from the acromion to the middle of the side of the neck, at its inner side by the inner edge of the scapula, and at its outer side by the outer border of this bone. It sent a process into the armpit. Schuh exposed the tumour thoroughly by a crucial incision in the integuments, and severed the neck of the scapula with a chain-saw. The cut surface of the bone being diseased, several slices were removed with forceps, and in doing this the joint was opened and the head of the humerus was exposed. On the twenty-first day after the operation the wound was healed.

BECK.—*Extirpation of a Peripheral Enchondroma of the Right Shoulder-blade, of the size of a child's head.* Deutsche Klinik, 50, 1860.  
Schmidt's Jahrb., vol. 111, No. 7, p. 79.

This tumour sprang from the infra-spinous fossa. Beck laid it bare by a crucial incision, severed its attachment to the dorsum of the scapula with a chain-saw, cutting from below upwards to the spine parallel to the surface of the bone, and then completely detached it by cutting it across at the spine with a common saw. In five weeks the patient, a woman, left the hospital, and at one year and a half afterwards continued free from a return of the growth, the cartilaginous characters of which were well marked.

PAGET.—*Medullary Cancer of the Tibia; amputation; recovery; death subsequently.* Med. Times and Gaz., Jan. 26th, p. 88.

PAGET.—*Medullary Cancer of the Femur; death in about five months.*  
Med. Times and Gaz., Jan. 26th, p. 88.

LAWRENCE.—*Medullary Cancer of the Fibula; amputation; recovery.*  
Med. Times and Gaz., Jan. 26th, p. 88.

COCK.—*Osteo-cysto-Sarcoma of the Head of the Tibia; amputation; recovery.* Med. Times and Gaz., June 1st, p. 579.

CURLING.—*Medullary Cancer in the upper part of the Fibula; amputation.* Med. Times and Gaz., May 18th, p. 521.

WOOD, J. R.—*Malignant Disease of the Periosteum.* Amer. Med. Times, May 18th, p. 327.

A bony and encephaloid cancer originating in the periosteum of the femur.

*Exostoses.*

COOPER.—*Exostosis on the Temporal Bone.* Lancet, June 29th, p. 628.  
Of the ivory kind, the size of a walnut. It was removed with bone pliers, and convalescence took place in a month.

COOTE, H.—*Pressure on the Axillary Vessels and Nerves by an Exostosis from a Cervical Rib; interference with the circulation of the arm; removal of the rib and exostosis; recovery.* Med. Times and Gaz., Aug. 3rd, p. 108.

PANCOAST.—*Exostosis of the Thumb.* Philadelphia Med. and Surg. Rep., Jan. 19th, p. 431.  
Short remarks on this affection.

PANCOAST.—*Exostosis on the Middle Phalanx of one of the Fingers; removal.* Philadelphia Med. and Surg. Rep., March 2nd, p. 591.

PANCOAST.—*Exostosis of the Terminal Phalanx of the Big Toe; operation.* Philadelphia Med. Surg. Rep., Feb. 2nd, p. 476.

POST, A. C.—*Subungual Exostosis.* Amer. Med. Times, Jan. 5th, p. 8.  
The size of a currant, on the great toe.

#### Osteomalacia.

PARMENTIER.—*Cases of Osteomalacia.* L'Union, 13, 1861. Schmidt's Jahrb., vol. 112, No. 11, p. 201.

#### FRACTURES.

SWINBURNE, J.—*Extension in Fractures.* Amer. Med. Times, April 20th, p. 263.

A reply to criticisms of an article by this author, entitled "Hall's Ready Method for the treatment of all the Long Bones by Simple Extension."

BRYANT, T.—*Contributions to the subject of Compound Fracture, being an analysis of 302 cases.* Med.-Chir. Trans., vol. xliv, p. 19.

BRUNS.—*The treatment of Badly-healed Fractures of Bones.* Deutsche Klinik, 14, 15, 17, 18, and 19, 1861. Schmidt's Jahrb., vol. 112, No. 10, p. 69.

Brun's groups the cases of this kind which had occurred in his klinik under two heads—(1) Badly united fractures. (2) False joints. The greater number of badly united fractures happened in very young children, which is attributable to the greater difficulty of diagnosis and efficient treatment at this early age. He holds the fundamental rule, never to propose interference unless the probable advantages outweigh the difficulty and danger of the operation, which consists in breaking the bone in the situation of the fracture, and maintaining it in the correct position. False joints are most successfully treated by subcutaneous tearing asunder the new bond of union, and roughly working the ends of the bones against each other. In one case Bruns followed Dieffenbeck's plan of drilling and pegging the ends of the bone, but unsuccessfully; and in four cases he resected the extremities, one only of which terminated satisfactorily.

SWINBURNE, J.—*Treatment of Fractures of Long Bones by Simple Extension.* Amer. Med. Times, March 2nd, p. 143.

A paper read before the Medical Society of the State of New York, in which the author shows that this method can be successfully applied in all fractures of long bones.

VOILLEMIER, Dr.—*On Fractures, with Impaction of the Ends of the Bones.* Gaz. des Hôp., 127, 128, 1860. Schmidt's Jahrb., vol. 109, No. 3, p. 320.

The author distinguishes these fractures from those where the broken ends of the bones are locked together by jagged indentations and projections. Fractures with impaction occur only at the ends of some long bones, and the following conditions are requisite for their occurrence:—(1) The end of the long bone must be considerably larger than the body. (2) The body of the bone must consist of compact, solid, bony tissue, which runs into a thin layer towards the injured end. (3) The axis of the end of the bone must lie nearly in a line with that of the body. (4) The force causing the injury must act in the direction of the length of the bone, so that it tries to approximate the extremities of the bone. This sort of fracture is most common at the lower end of the radius, where all the conditions for its production are present. The fractures of the neck of the femur and the formation of callus are lastly treated of.

WAECKERLING, Dr.—*Cases of interesting Fractures; from the Surgical Clinic at Zurich.* Langenbeck's Archives of Clin. Surg., vol. i, part 2, p. 467.

These cases comprehend fractures of the spine, pelvis, and tarsus.

O'RIELLY, Dr.—*Case of Fracture disunited by Gout.* Amer. Med. Times, March 16th, p. 183.

COOPER, G. F.—*Statistics of Compound Fractures at St. George's Hospital.* Med. Times and Gaz., Feb. 16th, p. 167.

These comprise all the compound fractures that have been admitted into this hospital during a period of seven years, from 1852 to 1859 inclusive.

COULON.—*Clinical and Practical Treatise on Fractures in Infants.* Revised, and preceded by a Preface, by Dr. Marjolin. Paris, 1861.

WATERS, Wm.—*A case of Ununited Fracture successfully treated by Prof. H. H. Smith's Apparatus.* Philadelphia Med. and Surg. Rep., March 9th, p. 615.

This apparatus was described in the 'American Journal of Medical Sciences,' January, 1855.

#### *Fractures of the Trunk.*

WAKLEY, Jun.—*Fracture of the Ribs, with Emphysema; concussion of the spine, and paraplegia; recovery.* Lancet, April 27th, p. 410.

ounces over a gallon of fluid and clotted blood which had the veins of the bone.

FISCHER, J.—*Fracture of the Sternum.* Spital. Ztg. Schmidt's Jahrb., vol. 112, No. 10, p. 63.

CORRANT, Dr. S.—*Fracture of the Twelfth Dorsal and First Vertebræ.* Amer. Med. Times, June 1st, p. 359.

Paraplegia. A splinter "from the lamina of the first vertebra had entirely cut off the spinal cord."

HUTCHISON, J. C.—*Case of Exsection of portions of the Eighth and Tenth Dorsal Vertebræ, with a summary of twenty which the operation has been performed.* Amer. M. July 13th, p. 19.

Hutchison describes a case of fracture of the spine, with compression of the spinal cord, where he removed the eighth and ninth, and the arch of the tenth dorsal vertebra. The patient died on the tenth day after the operation. The spine was torn, and in a state of disorganization opposite the junction of the ninth and tenth vertebræ. Of the twenty reported cases survived.

LAWSON, G.—*Fracture of the Pelvis, with laceration of the Bladder.* Brit. Med. Journ., Nov. 2nd, p. 464.

HAMON, L., and MERCIER, A. *Tico cases of Fracture of the Pelvis.* L'Union, 115, 1860. Schmidt's Jahrb., vol. 109, No. 1.

In both instances the patients fell from considerable height, landing on their bottoms. In both paralysis of the bladder and rectum were present.

ERICHSEN.—*Fracture of the Ribs and both Clavicles from recovery by rest alone.* Lancet, Sept. 7th, p. 229.

CULBERTSON.—*Application of Adhesive Straps to Fracture of the Clavicle, and to accidental division of the Tendo Achillis.* Philadelphia Med. and Surg. Rep., April 6th, p. 8.

BITOT, Prof.—*Splitting of the Upper Epiphysis of the Humerus in a New-born Child.* Journ. de Bord., 2e sér., iv, p. 5, Janv., 1859. Schmidt's Jahrb., vol. 109, No. 3, p. 325.

BUCK.—*Fracture of the Anatomical Neck of the Humerus.* Philadelphia Med. and Surg. Rep., Dec. 29th, p. 350.

PANCOAST.—*Two cases of Fracture of the Condyle of the Humerus.* Philadelphia Med. and Surg. Rep., Feb. 23rd, p. 562.

These cases were treated with an angular side splint, the forearm being midway between pronation and supination.

COOPER, E. S.—*Case of Ununited Fracture of the Os Humeri of four years' standing; cure by the use of silver ligatures.* Amer. Med. Times, May 25th, p. 337.

The false joint, and one and a half inch of the ends of the fragments having been removed with a sharp chisel, Cooper drilled the fragments, strung a wire through them, and twisted it, so as to keep them in apposition. The incision, four inches long, by which the bones were laid bare, was made to heal by granulation (a point on which Cooper insists), the free escape of the discharges being provided for by a tent, and the formation of abscess in the neighbouring parts being prevented by bandaging.

MASON, E.—*Fracture of Radius; union delayed by pregnancy.* Amer. Med. Times, Nov. 17th, p. 347.

SWINBURNE.—*A new method of treating Barton and Colles' Fracture.* Philadelphia Med. and Surg. Rep., March 9th, p. 609.

This is the application of a single thin splint to the back of the forearm, reacting from the point of the elbow to the metacarpo-phalangeal joints. This splint has two compresses, one which fills the hollow at the back of the carpus, the other at the elbow, "to supply the deficiency in the straight line." The splint is fixed firmly with plaster straps to the elbow, the forearm is then extended till the broken radius and displaced ulna are brought into proper position, and when this is effected the hand is strapped to the lower end of the splint. Lastly, the carpal end of the forearm is pressed gently backwards against the splint, and fixed so with a strap. The author had treated eight cases in this way with great success.

GRAY.—*Colles' Fracture of the Radius; dissection of the injured limb.* Med. Times and Gaz., Aug. 31st, p. 220.

HUTCHINSON, J.—*Fracture of the Radius in its lower third; dissection of the parts.* Brit. Med. Journ., Sept. 7th, p. 254.

LECOMTE, O.—*On the indirect Fractures at the lower end of the Radius.* Arch. Gén., 5e sér., xvi, Dec., 1860, p. 641; xvii, Janv., Fevr., pp. 52, 157. Schmidt's Jahrb., vol. 111, No. 9, p. 339.

A boy, age 8, in falling from a tree was supposed to have his outstretched hands and to have dislocated his wrists. This was felt, and the deformity was removed by extension. Thereafter both epiphyses had firmly united to the shaft, much thickening and some displacement backwards.

**GOUYRAND.**—*Splitting off the Epiphysis of the lower end of*  
*Gaz. des Hôp., 124, 1860.* Schmidt, vol. 109, No. 3, p

The differential diagnosis of this injury, with cases. Fragment follows the movements of the hand. Crepitation when the hand is moved, nor in effecting reduction. These bones have no tendency to displacement.

### *Fractures of the Lower Extremity.*

**LE GROS CLARK, F.**—*Fractures of the Lower Extremity.*  
and *Gaz.*, March 16th, p. 271.

**SMITH, N. R.**—*The Anterior Suspensory Apparatus for the Fractures of the Lower Extremity.*

This is a wire splint bent to the inclinations of the limb. It is secured to the front of the limb with starch bandage. The limb is slung by two hooks that catch the wire splint, one above, the other below, the knee.

**SWINBURNE.**—*Treatment of Fractures of the Femur by Simple Suspension.*  
Philadelphia Med. and Surg. Rep., Feb. 16th, p. 539.

A paper read before a meeting of the Medical Society of New York. Swinburne fixes the pelvis with a perineal band which are fastened to the head of the bed, and extends the band by means of a cord which passes through a loop of plaster, which are attached to the leg and is secured to the foot. The patient can move more freely and more safely than with

Counter-pressure is made by a broad band of stout linen closely encircling the pelvis, and extension, is made by a long outside splint with a foot-piece, to which two tapes are affixed, the other ends of which are secured to the patient's stocking.

THOMAS, R. P.—*Report of two cases of Fracture of the Thigh, with an account of a new apparatus.* Amer. Journ. of Med. Sci., Jan., p. 97.

This apparatus consists of a fracture-box, the upper end of which has a large iron arc, to which the extremities of the perineal band are secured. Extension is made with a small windlass, pulling on the leg by means of a broad loop of plaster. Two woodcuts of this box are given. Its advantage over the long, straight splint is the readiness with which it allows of the dressing of wounds on the outer side or back of the thigh.

HILTON.—*Clinical remarks on a case of Ununited Fracture of the Femur of ten years' standing; great shortening.* Med. Times and Gaz., March 16th, p. 276.

HARTSHORNE, H.—*Case of Fracture of the Thigh successfully treated by new apparatus (Dr. R. P. Thomas's).* Amer. Journ. of Med. Sci., Jan., p. 123.

COOPER, E. S.—*Fracture of the Femur treated with Starch Apparatus and Extension.* Amer. Med. Times, Feb. 28th, p. 130.

CORNAZ.—*On Fracture of one of the Condyles of the Femur, with reference to a case of this accident.* Echo Méd., No. 19, Oct. 10th, p. 473.

A memoir read before the Medical Society of Neuchâtel.

BLACK, Dr. C.—*Fracture of the Femur, Tibia, and Fibula, with rupture of the posteri or tibial artery.* Lancet, Sept. 7th, 1861.

SYMONDS.—*Fracture of the Femur; death, with typhoid symptoms on the sixteenth day; autopsy; phlebitis of femoral vein, and peritonitis.* Med. Times and Gaz., Sept. 7th, p. 242.

TERRY.—*Case proving the possibility of walking after Fracture of the Neck of the Femur.* Med. Times and Gaz., Aug. 31st, p. 220.

MASH.—*Fracture of the Thigh; dry gangrene of the foot; amputation; recovery.* May 18th, p. 523.

STRUTHERS, J.—*Case of Amputation at the Middle of the Thigh for spreading Gangrene after Compound Fracture of the Leg, in which acupressure was employed to secure the arteries.* Edin. Med. Journ., Feb., p. 692.

GUICHARD, L.—*Transverse Fracture of the Patella, in consequence of a direct blow.* Wien. Med. Halle, 16, 1860. Schmidt's Jahrb., vol. 110, No. 6, p. 319.

TUFNELL, J.—*Double Fracture of the Patella (stellate and transverse), in the same individual, occurring at the same moment from different causes; perfect recovery in fourteen weeks.* Dublin Med. Press, 405.

**Esmarch, Dr.**—*Deformity of the Leg, consequent on badly-united Fracture of both Bones, cured by Osteotomy.* Med. Times and Gaz., Sept. 14th, p. 271.

The patient a little girl, st.  $3\frac{1}{2}$ . The fracture took place about six weeks after birth, and was unrecognised. On the front of the leg there were two considerable prominences, the upper caused by the projection of the broken end of the tibia, at an angle of  $125^{\circ}$ , three and one eighth inches below the lower border of the patella; the lower, three and one eighth inches lower down, caused by the overlapping of the fibula, at an angle of  $110^{\circ}$ . As the refracture of the two bones could hardly have been effected at the same time, in both places, Esmarck cut out a small wedge of bone from the site of the faulty union, and secured the cut bony surfaces in perfect apposition with wires passed through drill-holes. The child made an excellent recovery.

**TOWNSEND, M. W.**—*Ununited Fracture of the Tibia, successfully treated.* Amer. Med. Times, March 9th, p. 161.

"The tibia was bowed outwards ten inches from the axis of the limb, and projected anteriorly one and a half inch." A large quantity of callus had formed between the tibia and fibula. Townsend cut out nine sixteenths of the fibula at the angle, and drilled the callus and the ends of the broken tibia in several places, till the parts were so weakened that he was able in the next few days to bring the limb straight. Two and half months afterwards the fracture had firmly united.

**MEACHAM, J. G.**—*Rapid union of the Tibia and Fibula in an individual ninety years of age.* Amer. Med. Times, Jan. 5th, p. 6.  
"At the end of four weeks union was perfect."

**COCK.**—*Fracture of the Tibia; Delirium Tremens; treatment by large doses of opium; recovery.* Med. Times and Gaz., March 23rd, p. 303.

**URE.**—*Sudden Fracture of the Leg, the result of former scorbutic disease; recovery, with union of the broken bones.* Lancet, Jan. 19th, p. 59.

#### *Rupture of Tendons.*

**MASON, R. O.**—*Rupture of the Tendons of the Rectus Femoris Muscle.* Amer. Med. Times, April 6th, p. 226.

**ADAMS, J.**—*On a case of Rupture of the Tendons of both Recti Femoris.* Lancet, Sept. 7th, p. 227.

The patient was sixty-three years old. The rupture occurred close to the patella. Perfect coaptation of the ends was effected by raising the heels on a pillow, and no retentive apparatus was necessary. Perfect union took place. Adams figures a contrivance by the aid of which the patient could raise himself in bed.

JOHNSON, J. G.—*Rupture of the Rectus Femoris Muscle above the Patella; recovery, with partial ankylosis of the knee, without the patient's losing a day's work.* Amer. Med. Times, May 25th, p. 338.

POUCET.—*Rupture of Left Rectus Abdominis Muscle.* Gaz. des Hôp., 76, 1860. Schmidt's Jahrb., vol. 112, No. 10, p. 58.

## JOINTS.

## (A) Diseases.

SOLLY, S.—*Clinical Lectures on Diseases of Joints.* Lancet, Jan. 5th, p. 1; 19th, p. 51.

VOLKMAN, Dr. R.—*On the Catarrhal Forms of Joint-suppuration.* Archiv für Chir., vol. i, part 2, p. 408. Berlin.

The author controverts a commonly received opinion that suppuration of a joint is necessarily followed by ankylosis, and cites cases where perfect mobility was recovered. He ascribes the easy production of catarrhal pus-corpuscles on the inner surface of the capsular ligament to the thick clothing this has of pavement epithelium. He does not accept as strictly accurate in the case of joints, the most recent attempts to arrange superficial suppuration of this kind in two sharply defined classes, the destructive or connective-tissue, and the catarrhal or epithelial suppuration, which are based on the assumption that either the younger epithelial cells, by repeated subdivision, are resolved into the elements of pus, or an endogenous formation of pus takes place inside epithelial brood-cells. And he traces the origin of the pus in catarrhal articular inflammation to the metamorphosis of the most superficial connective-tissue-corpuscles into small foci filled with pus-corpuscles, which empty themselves into the cavity of the joint after exfoliation of the superjacent epithelium. He sums up the results of his observations in these words:—"Joint-suppuration has in many cases at first the secretory (catarrhal) character. Probably pus-corpuscles are found in moderate numbers in all the more acute arthro-meningites, and produce here the universally known, in many cases more or less pronounced, yellowish turbidity of the inflammatory products. The formation of pus-corpuscles is often so abundant that the effusion appears to the unaided eye puriform, although all deeper (parenchymatous) alterations of the constituent tissues of the joint are absent. In all these cases the pus may disappear either by disintegration of its corpuscles and absorption, or by evacuation, and a cure result, without any trace of the former disease being left." In all cases of acute formation of pus in previously healthy joints, the suppuration in the synovial membrane has always at first, only this secretory character, the deeper and irreparable changes occurring later. The author next reviews at some length the course of joint-suppurations, and concludes with some remarks on the treatment, with especial reference to the subcutaneous puncture and injection of joints. He considers the speedy evacuation of a large quantity of pus in a joint desirable,

because pus makes pus, that which already exists maintains a pyogenic state of the synovial membrane, and in long-protracted suppuration the deeper parts become involved. He regards it as probable that, even without the access of air, the products of disintegration of pus may act deleteriously on the cartilages. Another beneficial effect of evacuation by puncture is the relief of tension; some of the worst complications in inflammation of joints are produced by a kind of strangulation. The infrequency of suppuration after luxations is explained by the lacerations of the capsular ligaments favouring the escape of the synovia and preventing over-tension. The indications for puncturing inflamed joints are precisely stated, and throughout the paper numerous cases are quoted in support of the author's opinions.

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BARWELL, R.—*A Treatise on Diseases of the Joints.* 8vo, John Churchill.

#### *Loose Cartilages.*

FOCK, Dr. C.—*Observations on the Origin of, and Operations for, Loose Cartilages in Joints.* Langenbeck's Archiv f. Klin. Chir., vol. ii, parts 1 and 2, p. 163.

Fock places the origin of these loose bodies in the appendices of the synovial membrane, and shows by several successful cases that there is little danger in removing them through a direct incision, provided that a valvular wound is made by drawing the skin aside before dividing it, and air is effectually excluded by the most accurate adjustment of its edges. Fock places the limb on a splint immediately after the operation, and never operates till any excitement present in the joint has been removed by rest in bed and other antiphlogistic measures.

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HUTCHISON, J. C.—*Operation for the removal of a Loose Cartilage from the Knee-joint.* Amer. Med. Times, June 15th, p. 383.

This was easily removed through a valvular incision, after an attempt to displace it, into the cellular tissue through a subcutaneous incision of the capsular ligament, had failed. Smart inflammation of the joint ensued, but the patient fortunately recovered without any impairment of its functions.

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SQUARE, J.—*On Loose Cartilages in the Knee-joint.* London Med. Rev., Oct. p. 163.

A report of nine cases of this kind successfully treated by subcutaneous incision of the synovial membrane and expulsion of the false cartilage into the cellular tissue outside the joint, whence it was removed after a few days, when the wound into the joint had healed. In none of these cases was the operation followed by pain, inflammation, or other serious symptoms. Square warmly advocates the superiority of this method over direct incision into the joint. In a large proportion of cases he thinks these loose bodies are the result of local injury.

(B) *Penetrating Wounds.*

**STANLEY.**—*Wound by a Hatchet penetrating the Knee-joint; recovery.*  
Med. Times and Gaz., Aug. 3<sup>rd</sup>, p. 219.

**BAUER.**—*Case of Perforating Wound of the left Knee-joint; Gelatinous Degeneration of the Synovial Membrane; peculiar appearance of the Articular Cartilages; Pebble-stone in the Joint; amputation.* Philadelphia Med. and Surg. Rep., May 4<sup>th</sup>, p. 114.

**PUREFOY, T.**—*Extensive Laceration of the Knee-joint; recovery.* Dublin Med. Press, Dec. 18<sup>th</sup>, p. 424.

**GORE, W. R.**—*Aids to the Conservative Surgery of the Joints. Being the details of a few remarkable cases of recovery from dangerous and extensive accidents of these structures.* Dublin Med. Press, Jan. 23<sup>rd</sup>, p. 55.

**PATRUBAN, Prof. V.**—*A case where a piece of a Bough remained for a long time in the neighbourhood of the Shoulder-joint.* Oester. Ztschr. f. prakt. Heilk., vi, 25, 1860. Schmidt's Jahrb., vol. 109, No. 4, p. 71.

A man fell backwards upon a shrub. On rising he felt violent pain shooting through the whole left arm to the tips of the fingers. The pain subsided after a quarter of an hour, and the man thought he had come off with merely a hole in his coat and shirt under the armpit. But the fingers of his left hand soon became stiff, and in the evening the wrist and elbow-joint were acutely painful. This the patient attributed to rheumatism, and wrapped up the joints in wadding. In spite of this the pain in the whole arm grew more severe. The fifth night was passed without sleep, and on the sixth a violent twitching of the nape and side of the neck began, and there was slight trismus. The fingers were swollen; the left shoulder-joint could not be moved; the patient was feverish and jaundiced. In the armpit, which was now for the first time examined by a surgeon with the finger (in consequence of the great swelling and the tetanic rigidity of the muscles of the shoulder, it could not be brought into sight), a hard, immovable body was detected near the origin of the long head of the triceps, touching which threw the patient into the most violent pain. The conviction that this was a foreign body was confirmed by the presence of blood on the shirt, which had been previously overlooked. Patruban cut down on it, and pulled out a piece of branch 2 $\frac{1}{2}$ " long and 3"" thick. This was followed by recovery, and the man returned to his occupation of turner. Six months afterwards an abscess formed at the scar, and discharged a splinter of *Cornus sanguinea* 2 $\frac{1}{2}$ " long.

(C) *Forcible Rupture of Ankylosed Joints.*

**BAUR.**—*Reflections on the method of Immediate Reposition in the treatment of White Swellings, and particularly of Hip-joint Disease.* Thesis, Strasbourg, 1859.

BAUER, Dr. L.—*Case of Periostitis of the left Thigh-bone, with consecutive Synovitis and Fibrous Ankylosis of the corresponding Hip-joint; contractions of the sartorius, tensor vaginæ femoris, and external duplicature of the vaginæ femoris muscles; successful treatment by brissement forcé and myotomy of the contracted muscle.*

The account of this case is illustrated by two woodcuts.

BAUER, L., and WHALEY.—*Cases of Contraction and Fibrous Ankylosis of Joints.* Amer. Med. Times, March 9th, p. 161.

Clinical remarks, in which the forcible disruption of adhesions and straightening of the limb, after previous division of any opposing tendons, are recommended.

#### *The Operative Treatment of Ankylosis of Temporo-maxillary Joint.*

ESMARCH, F.—*Formation of an Artificial Joint on account of immovability of the Jaw-joint.* Beiträge zur praktischen Chirurgie, 2 Heft, Kiel, 1860. Schmidt's Jahrb., vol. 109, No. 5, p. 204.

In cases where the lower jaw is immovably fixed by contracted cicatrices (as those which follow cancrum oris) Esmarch has practised with great success the formation of an artificial joint by cutting out a piece of the bone in front of the cicatrix.

DITTL.—*Ankylosis of the Right Maxillary Joint, of fifteen years' duration, successfully treated by the above method.* Oester. Ztschr. f. Prak. Heilk., v. 43, 1859. Schmidt's Jahrb., vol. 109, No. 5, p. 205.

VERNEUIL, A.—*A Memoir on the above subject.* Arch. gén., 5e ser., xv, pp. 174, 284, Févr., Mars, 1860. Schmidt's Jahrb., vol. 109, No. 5, p. 206.

#### *Diseases of the Hip-joint.*

POST, A. C.—*Discussion on the treatment of Morbus Coxarius.* Amer. Med. Times, April 27th, p. 279; May 4th, p. 297; 11th, p. 309; 25th, p. 344.

A discussion on the pathology and treatment of diseases of the hip-joint, at the New York Academy of Medicine. The occurrence of tubercular infiltration of the cancellated tissue of the head of the femur was denied by Bauer and Sayre, who had examined a large number of specimens with this particular object. There was a general concurrence of opinion in favour of the treatment by extension and counter-extension in all stages of the disease, and splints and apparatus specially contrived for this purpose were described by Drs Davis, Bauer, and Sayre. Resection of the joint was strongly deprecated by Dr. J. Watson. Patients, according to his experience, rarely died of morbus coxarius; in the last twenty-five years he had not seen more than three fatal cases.

HUGHES, J. S.—*Clinical observations on Morbus Coxe, or the Chronic and Scrofulous Diseases of the Hip-joint.* 24mo. 6d.

TAYLOR, C. F.—*Improved Counter-extension Splint for Morbus Coxarius.*  
Amer. Med. Times, July 20th, p. 37.

The stated advantages of this splint are that it makes no pressure on the femoral vessels, and reaches only to the knee, the motion of which is perfectly free.

SAYRE, L. A.—*Clinical Lecture on Morbus Coxarius.* Amer. Med. Times, Jan. 29th, p. 411.

The report of this lecture contains woodcuts of Davis's and Sayre's splints for the treatment of this disease by extension and counter-extension.

SAYRE, DR. L. A.—*Puncture of the Capsule of the Hip-joint.* Amer. Med. Times, March 16th, p. 182.

A remarkable case of acute inflammation of the hip-joint, following a severe blow. A tenotomy knife was thrust deeply behind the trochanter major, and pus escaping, the puncture was extended five inches. Nearly a teacupful of pus escaped. With the finger in the capsule, no roughness about the head of the bone could be felt. The joint was thoroughly syringed with warm water, and covered with oil silk. The case did well, and at the date of this report, four years after the capsule was laid open, the patient was in perfect health, and there was "complete motion of the joint."

CLEVELAND, W. K.—*Morbus Coxarius, its treatment, as practised by G. Levis and A. Sayre, M.D.* Amer. Med. Times, Jan. 5th, p. 2.

Sayre, according to Cleveland, regards hip-disease simply as a local affection, not necessarily connected with tuberculosis. Rest and the removal of irritation are the principal points in the treatment. These are attained by means of a peculiar metal splint, which is figured and described. The treatment recommended in the several stages of the disease is fully detailed, and illustrated by cases.

PRICE.—*The advantages of the use of the Long Side-splint in the treatment of Morbus Coxæ in some of its earlier and more chronic forms.* Lancet, March 23rd, p. 288.

#### (D) Dislocations.

CRUISE, F. A.—*Observations on the Reduction of Dislocations, with the description of a new Apparatus for making Extension.* Dublin Hosp. Gaz., Sept. 16th, p. 273.

This apparatus consists of a drum, upon which a leather strap is wound by a cogged wheel and endless screw.

#### *Dislocations of Bones of Face and of Spine.*

KALBIERSKE, C.—*Luxation of both sides of the Lower Jaw; Concussion of the Brain.* Med. Centr. Ztg., xxix, 80, 1860.

MARTINI, DR. ALPHI.—*Complete Laceration of all the Ligaments between the fourth and fifth Cervical Vertebrae.* Ztschr. f. Chir. u. Geburtsh., xiii, 1, p. 1, 1860. Schmidt's Jahrb., vol. 109, No. 5, p. 195.

*Dislocations of the Shoulder-joint.*

SMITH, H. H.—*On the Reduction of Luxations of the Head of the Humerus, simply by manipulation.* Illustrated by twelve cases. Philadelphia Med. and Surg. Rep., July 9th, p. 497.

Smith's method consists in raising and rotating the head of the bone. He divides it into three periods:—1st. Elevation of the arm and flexion of the forearm. 2nd. Rotation of the head of the humerus upward, outward, and backward, as far as possible, by using the forearm as a lever. 3rd. Rotation of the head of the humerus upward and inward by a reverse movement, whilst the elbow is brought to the side. The paper is illustrated by four woodcuts.

SMITH, N. R.—*On Dislocations of the Shoulder-joint, with a description of a novel and efficient mode of Reduction.* Amer. Journ. of Med. Sc., July, p. 17.

The author considers that the scapula of the dislocated limb is best fixed by fixing that of the other member, by counter-extending from the wrist. He used formerly to reduce these dislocations by horizontal traction on both wrists, the patient sitting in a chair. Where, from muscular development, or the age of the dislocation, he expects resistance, he places the patient in a chair, passes a piece of stout, folded muslin round the chest and under the armpit of the injured side, carries its ends horizontally to the opposite side, one in front, the other behind, and extending the arm horizontally, bandages them firmly to the wrist of the sound side, leaving the ends projecting to be secured to the wall or other fixed point. An ordinary roller is then passed over the top of the injured shoulder, backwards and forwards, twice under the muslin band, to prevent its slipping down, and then the same roller is carried under the bottom of the chair and over the shoulder three or four times. This helps to steady the scapula and prevents the involuntary rising of the patient. Extension is now made horizontally by the wrist of the injured side, until the head of the humerus slips into its place or the surgeon lifts it into the glenoid cavity with his knee in the axilla.

WILSON, J. H.—*Reduction of an Axillary Dislocation by H. H. Smith's method, after failure by Extension.* Philadelphia Med. and Surg. Rep., Feb. 16th, p. 531.

DOUGHERTY, A. N.—*Reduction of an Axillary Luxation by Dr. H. H. Smith's method.* Philadelphia Med. and Surg. Rep., March 2nd, p. 587.

COOPER, E. S.—*New mode of treating long-standing Dislocations of the Scapulo-clavicular Articulation.* Amer. Journ. of Med. Sc., April, p. 389.

This consists in removing the articular surfaces with a bone forceps, and tying the fresh bony surfaces together with a silver wire passed through holes drilled in the extremities of the acromion and collar-bone. Three cases treated with success by this method are reported.

- FLEMMING, CHE.—*Cases of Dislocation of the Shoulder-joint, with remarks.* Dublin Hosp. Gaz., April 15th, p. 113.  
 SIMINGTON.—*Reduction of Dislocation of the Shoulder, of four months' standing.* Philadelphia Med. and Surg. Rep., Dec. 29th, 1860, p. 348.

*Dislocations of the Elbow-joint.*

- HEITZMANN, DR. KARL.—*Old Luxation of both Forearms backwards; reduction.* Spitals. Ztg., 2, 1861. Schmidt's Jahrb., vol. 109, No. 5, p. 197.  
 CLEMENT, B. A.—*Lateral Dislocation of the Head of the Radius converted into the Dislocation forward and backward.* Amer. Journ. of Med. Sc., July, p. 43.

BESSEL, DR.—*Case of complete Luxation of the Head of the Radius backward.* Oesterr. Ztschr. f. prakt. Heilk., vi, 10, 1860. Schmidt's Jahrb., vol. 109, No. 1, p. 62.

A tall and large-boned schoolmaster, at. 40, slipped on some ice, and fell upon his extended right hand and elbow, December 3rd, 1859, and this was followed by great pain in the elbow-joint, inability to move the arm, and considerable swelling. Reposition was attempted by a shepherd who was consulted, and cold dressings were applied. On examination, February 24th, 1860, the end of the oecranon and the inner condyle of the humerus were found in their proper places, but there was a considerable swelling at the outer and back part of the joint. Supination and pronation were hindered. In passive rotation of the hand the projection at the back of the joint was felt to revolve, and the biceps moved with it. The forearm could not be fully extended, nor flexed beyond an angle of 100°. Reposition was effected by traction in the direction of the long axis of the radius, and by pressure with the thumbs upon its head. The forearm was flexed in order to relax the biceps.

*Dislocations of the Hip-joint (from external violence).*

FIFIELD.—*Dislocation of the Hip; manual reduction.* Boston Med. and Surg. Journ., Jan. 31st, p. 541.

Taking the knee and ankle in his hands, Fifield "flexed the thigh on the pelvis, so as almost to touch the body, bent it over towards the left ilium, rotated it outwards, gave a slight lift with the hand at the knee, when with an audible shock the head of the bone left the (sciatic) notch, and came upon the dorsum of the ilium. He then depressed the whole limb, and with another audible shock it entered the socket."

SWINBURNE, J.—*Reduction of Dislocation of the Femur by the Reid method, with observations upon its universal application to all kinds of Dislocations of the Hip-joint.* Philadelphia Med. and Surg. Rep., Jan. 26th, p. 453.

Reid's instructions are—"to place the patient on his back—table or other convenient position for the physician. Then seize the ankle with one hand, the knee with the other; then flex the leg upon the thigh,

strongly adducting it, carrying it over the sound one, and at the same time upward over the pelvis by a semicircular sweep as high as the umbilicus; then abduct the knee gently, turn the toe outward, the heel inward, and the foot across the opposite and sound limb, making gentle oscillations of the thigh, when the head of the bone will slip into its socket with a slight jerk and an audible snap, and the whole limb will slide easily down into its natural position beside the other."

A critical examination of Reid's method as compared with Smith's.

**WAGENSELLER, B. F.**—*Dislocation of the Femur reduced by Reid's method.* Philadelphia Med. and Surg. Rep., March 2nd, p. 585.

**HEWSON.**—*Reduction of the Femur by Manipulation (Reid's method).* Philadelphia Med. and Surg. Rep., May 4th, p. 113.

**BARTMER, Dr.**—*On Luxations of the Hip-joint, and their reduction.* Archiv für Klin. Chir., vol. ii, parts 1 and 2, p. 183.

**SYMES, S.**—*Dislocation of the Femur reduced without having recourse to Forcible Extension.* Dublin Hosp. Gaz., March 4th, p. 74.

The patient having been put thoroughly under chloroform, the leg was flexed on the thigh and this on the belly, the limb being at the same time adducted. It was then quickly abducted, firm pressure being made over the great trochanter.

**FABRE, A.**—*Two cases of Luxatio Femoris from Guersant's Clinic.* Gaz. des Hôp., 151, 1860. Schmidt's Jahrb., vol. 109, No. 5, p. 197.

**LETENNEUR.**—*Case of Sub-cotyloid Luxation forward.* Gaz. des Hôp., 84, 1860. Schmidt's Jahrb., vol. 109, No. 5, p. 197.

**SEDILOTT.**—*Dislocation of the head of the Thigh Bone into the Foramen Orale, with preservation of the usefulness of the limb.* Gaz. des Hôp., 24. Schmidt's Jahrb., vol. 110, No. 6, p. 319.

An account of five cases of this luxation.

#### *Fractures and Dislocations of the Knee-joint.*

**HOLTHOUSE.**—*Dislocation of the Patella upward.* Lancet, July 6th.

The ligamentum patellæ had been ruptured by a fall; "the lower margin of the patella was fairly above the articular surface of the condyles of the femur."

**WAKLEY, I. H.**—*Fracture of the Patella in a Pregnant Woman; union by the sixth week, miscarriage in the eighth week; and death from Typhoid Fever.* Lancet, May 18th, 1861.

**PACKARD, J. H.**—*Case of Fracture of the Patella treated successfully by means of Malgaigne's Hooks.* Amer. Journ. of Med. Sc., April, p. 395.

**PANCOAST.**—*Three cases of Fracture of the Patella.* Philadelphia Med. and Surg. Rep., March 23rd, p. 683.

Pancoast at first uses leeches and astringent lotions, and when the effusion into the joint subsides approximates the fragments with straps of plaster. The limb is elevated.

**GREENHILL.**—*Partial Dislocation of the Femur inward at the Knee-joint; reduction.* Med. Times and Gaz., July 16th, p. 173.

**LYMAN, H. M.**—*Dislocation of the head of the Tibia inwards.* Amer. Med. Times, July 20th, p. 39.

A labourer was buried by the accidental fall of a bank of earth. When extricated, a deformity of his left knee was discovered. "The outer condyle of the femur projected under the skin at the outside of the joint, and the inner condyle could be felt as it rested upon the extreme outer portion of the articular surface of the head of the tibia," directly over the tibio-fibular joint. Reduction was easily effected by adducting the leg so as to relax the quabiceps extensor and making pressure on the inner tuberosity of the tibia. Recovery, without ankylosis.

#### *Dislocations of the Tarsal and Metatarsal Joints.*

**GIBBES, R. W.**—*Compound Dislocation of the Ankle-joint; complete recovery after reduction, without ankylosis.* Charleston Med. Journ., Nov., 1860. Amer. Journ. of Med. Sc., Jan., p. 298.

**LANE.**—*Simple complete Dislocation of the Astragalus forward and outward reduction; recovery.* Lancet, Dec. 7th, p. 546.

**CHASSAIGNAC.**—*Case of Luxation of the Astragalus, in which removal of this bone was necessary.* Gaz. des Hôp., 60, 1860. Schmidt's Jahrb., vol. 109, No. 1, p. 63.

**PELLARIN, Dr.**—*A case of Luxation of the first Metatarsal Bone upward.* L'Union, 63, 1860. Schmidt's Jahrb., vol. 109, No. 1, p. 62.

A child,  $\text{æt. } 6$ , fell from the first story of a house into a paved court. At the middle of the inner side of the foot a considerable depression was felt, in which the thumb could be put, and there was a corresponding projection on the instep. The metatarsal bone of the great toe projected beneath the skin, and the toe was rotated slightly outward; the articular surfaces of this metatarsal bone and of the first cuneiform bone could be felt. The replacement was easily effected.

**BELIN, Dr. ED.**—*Case of complete Luxation of the second Metatarsal Bone upwards and backwards.* Gaz. de Strasb., 6, 1860. Schmidt's Jahrb., vol. 109, No. 1, p. 63.

A cuirassier was tripped up by his sword. He felt his left foot bend outward, and found himself unable to stand on it. On examination shortly afterwards, an outward and backward luxation of the second metatarsal bone was found. The whole metatarsal bone was prominent, and its triangular articular surface projected considerably beyond the margin of the second cuneiform bone. The replacement was difficult; after two failures, the head of the bone was pushed into its place by a screw tourniquet. Cold dressings were used for a few days, and then a plaster bandage was applied. The patient was well in three weeks.

(E) *Excisions of Joints.*

HUTCHINSON.—*Statistical Report of Excisions of Joints performed in Provincial Hospitals, 1860.* Med. Times and Gaz., April 24th, p. 444.

*Excisions of the Shoulder-joint.*

PEAN.—*On Disease of the Shoulder-joint and Scapulo-humeral Resection, with reference to the treatment of the Shoulder-joint Disease.* Thesis, Paris, 1860. Constatt's Jahrb., vol. iii, p. 127.

POST, A. C.—*Curious Deformity; Exsection of the head of the Bone.* Amer. Med. Times, Feb. 9th, p. 100.

Dislocation of the humerus, with fibrous ankylosis. The arm was rotated strongly inward, the hand behind the back. The head of the humerus was found upon the dorsum of the scapula.

*Excisions of the Elbow-joint.*

FERGUSSON, W.—*Excision of the Elbow-joint.* Med. Times and Gaz., May 18th, p. 524.

WHALEY.—*Case of Exsection of the Elbow-joint.* Philadelphia Med. and Surg. Rep., March 16th, p. 651.  
Recovery, with a useful limb.

WOOD, DR. J. R.—*Successful case of Resection of the Elbow-joint.* Amer. Med. Times, March 16th, p. 183.

Wood chose the H incision, and spared the periosteum as much as possible.

UFFNELL, J.—*Excision of the Elbow-joint in consequence of Explosion by Gunpowder in Blasting; great removal of bone; perfect recovery of the use of the Arm.* Dublin Med. Press, Jan. 2nd, p. 4.

ERICHSEN.—*Necrosis of the Radius, with Disease of the Elbow-joint; resection of the diseased portions of the Bone.* Med. Times and Gaz., May 4th, p. 470.

*Excision of Carpal and Metacarpal Bones.*

COOPER, E. S.—*Case of successful removal of all the Carpal and parts of the Metacarpal Bones.* Boston Med. and Surg. Journ., June 27th, p. 446.

Cooper exposed the bones by an incision six inches long, the centre of which was crossed by a second cut one and a half inch long. Some of the extensor tendons were divided. At the end of a year this hand was nearly as useful as the other.

FORSTER, C.—*Compound Dislocation of the Thumb; Resection of articular end of Phalanx; recovery.* Med. Times and Gaz., Aug. 17th, p. 163.

*Excision of the Hip-joint.*

WINNE, C. K.—*Statistical inquiry as to the expediency of Excision of the Head of the Femur.* Amer. Journ. of the Med. Sc., July, p. 26.

PETERS, G. A.—*Fracture of the Acetabulum; Impaction of the Head of the Femur, &c.; resection.* Amer. Med. Times, April 20th, p. 260.

An injury from blasting. The patient, st. 30, was hit on the left hip by a large fragment of rock. On admission into the New York Hospital, four weeks afterwards, "the thigh was fixed upon the trunk, strongly abducted and rotated outwards, making a right angle with the plane of the body." A sinus ran from behind the left superior spinous process of the ileum directly downwards for four inches. In the following months other sinuses formed, and the discharge of pus was profuse. Six months afterwards, as the man's condition did not improve, one of the sinuses was laid open, and bare bone was detected, with a fracture of the acetabulum, the head of the femur fixed, the deformity closely resembling a dislocation into the thyroid foramen. On the following day, the bone being exposed by a second incision, the femur was cut through with a chain-saw just below the lesser trochanter, and again through its neck, and the intermediate portion, including both trochanters, removed. The limb could then be brought straight. The patient rallied for a few days, then sank, and died on the ninth day from the operation. The left ileum was procured for the hospital museum. The acetabulum had been fractured, the head of the femur impacted, and by "ulcerated action" had perforated into the pelvic cavity. The rami of the pubis and ischium had also been broken.

BOWMAN.—*Extensive Strumous Disease of the Hip-joint; excision; the head and neck of the femur lying loose in the articulation; recovery.* Lancet, Feb. 2nd, p. 108.

PARTRIDGE.—*Old-standing Disease of the Hip-joint; excision.* Lancet, Feb. 2nd, p. 109.

ERICHSEN.—*Disease of the Hip-joint, with partial Ankylosis; excision of the great trochanter; recovery.* Lancet, Feb. 2nd, p. 109.

FERGUSSON.—*Extensive Disease of the Hip-joint, with partial dislocation and absorption of the head of the bone; excision; good recovery.* Lancet, Jan. 26th, p. 84.

PARTRIDGE, R.—*Disease of the Hip-joint, with detachment of part of the head of the femur; excision; recovery.* Lancet, Jan. 26th, p. 85.

PRICE.—*Disease of the Hip-joint, of four years' standing, in a child aged five years; excision; immediate and progressive benefit.* Lancet, Jan. 26th, p. 85.

DE MORGAN.—*Disease of the Hip-joint, with dislocation of the head of the femur; excision; recovery.* Lancet, Jan. 26th, p. 85.

PAGENSTECHER, Dr.—(*Two cases of*) *Resection of the Hip-joint.*  
Langenbeck's Archiv f. Klin. Chir., vol. ii, parts 1 and 2, p. 313.

COLLIS, M. H.—*Case of Excision of the Hip-joint.* Dublin Hosp. Gaz., April 1st, p. 102.  
A boy. Disease of two years' standing. Progress afterwards favorable.

COLLIS, M. H.—*Excision of the Hip-joint.* Dublin Med. Press, March 27th, p. 212.  
Description of a case (then under treatment) communicated to the Surgical Society of Ireland.

#### *Excision of the Knee-joint.*

SYMPSON, T.—*Result of a case in which Excision of the Knee-joint was performed three years ago.* Brit. Med. Journ., Aug. 17th, p. 171.

SMITH, H.—*The present condition of a limb where Excision of the Knee-joint was performed six years ago.* Med. Times and Gaz., Jan. 5th, p. 11.

The shortening was two and a half inches more than at the time of the first measurement.

FRITH.—*Excision of the Knee-joint; report of the state of the limb four years afterwards.* Med. Times and Gaz., July 20th, p. 59.

Firm consolidation of the parts, slight displacement of the tibia backwards, and slight outward bow of the limb, which was flexed at 135°. It was also four and a half inches shorter than its fellow. The boy could walk a long distance.

CANTON.—*Two cases of Excision of the Knee-joint for forcible separation of the Epiphyses from the shaft of the Femur.* Dublin Quart. Journ., Feb. 1st, p. 75.

FERGUSSON, W.—*Re-excision of the Knee-joint where the primary operation was unfavorable; successful result.* Lancet, May 18th, p. 483.

J. B., aet. 17, had had the right knee-joint excised, in the north of England, in December, 1859. Several sinuses remained obstinately open. The limb, however, gained strength, and with a stick she became able to walk across the room. At the time of her admission into King's College Hospital, October 4th, 1860, under Fergusson's care, the upper extremity of the tibia was displaced behind the lower end of the femur, the front of which lay exposed at the bottom of a large sinus. November 17th, the ends of the femur and tibia were cut off. The girl was discharged from the hospital at the end of the month. The left lower extremity was five inches shorter than the right, and quite straight. There was slight movement at the knee, but already so firm union that she could walk half the length of a long ward without splint or crutches.

- LUCET.—*Six cases of Resection of the Knee-joint performed by Professor Esmarch at Kiel, four of which terminated favorably.* Deutsche Klin., 1860, No. 5.
- HEWETT, P.—*A case of Excision of the Knee-joint.* Brit. Med. Journ., Nov. 23rd, p. 551.
- FERGUSSON.—*Excision of the Knee-joint; recovery.* Med. Times and Gaz., Aug. 31st, p. 219.
- PORTER, G. H.—*Case of Excision of the Knee-joint.* Dublin Hosp. Gaz., April 1st, p. 101.
- SMITH, R. W.—*Case of Excision of the Knee-joint.* Dublin Hosp. Gaz., Feb. 15th, p. 49.
- BAUER, L.—*Diastasis of the lower Epiphysis of Left Femur; singular deformity of the extremity; total excision of the knee-joint; recovery, with a useful limb.* Philadelphia Med. and Surg. Rep., March 16th, p. 649.
- FERGUSSON.—*Excision of the Knee-joint; recovery, with a false joint and useful limb.* Med. Times and Gaz., June 8th, p. 601.

PRICE.—*Three successful cases of Excision of the Knee-joint.* Lancet, June 15th, p. 589.

The respective ages of the patients were six, fourteen, and six years. This report was made on the forty-fourth day of the first and on the twenty-third day of the other two cases.

WHALEY.—*Circumscribed disintegration of the External Condyle of the Femur; pulpy degeneration of the synovial membrane of the knee-joint; attempted excision of the same; subsequent amputation.* Philadelphia Med. and Surg. Rep., April 20th, p. 71.

The previous history of this case is given in vol. ii, No. 13, 'Amer. Med. Times.'

BUTCHER.—*On Excision of the Knee-joint.* Dublin Med. Press, Feb. 20th, p. 122.

A communication to the Surgical Society of Ireland, in which Butcher briefly records the cases where he has himself operated, and lays down rules for the selection of fit cases and for the performance of the operation.

SMITH, R.—*Case of Excision of the Knee-joint.* Dublin Med. Press, Feb. 13th, p. 105.

A report read before the Surgical Society of Ireland; the patient at the time was progressing favorably.

PORTER, G. H., and SMYLY.—*Excision of the Knee-joint.* Dublin Med. Press, March 20th, p. 195.

Exhibition before the Surgical Society of Ireland of the parts removed in two cases of excision of the knee-joint.

COOPER, E. S.—*Case of Excision of the articular faces of the Knee-joint, for disease of eleven years' standing; cure of the patient.* Amer. Med. Times, June 8th, p. 369.

**POPE, C. A.**—*Complete Osseous Ankylosis of the Knee-joint; successfully operated on by Barton's method.* St. Louis Med. and Surg. Journ., May, 1861. Amer. Journ. of the Med. Sc., July, p. 298.

The limb was permanently flexed at a right angle. A wedge of bone was cut out of the ankylosed knee, in order to straighten it.

**WILLIAMS.**—*Cases of Excisions of Joints performed in the Norfolk and Norwich Hospital.* Med. Times and Gaz., June 1st, p. 577.

Two cases of excision of the knee, in the second of which amputation was subsequently performed; and one of the elbow, where amputation was done on the thirty-fifth day after excision.

#### BLOOD-VESSELS.

##### *Operative Means for the Arrest of Hæmorrhage.*

###### *Ligation of Arteries.*

**HUTCHINSON.**—*Statistical Report of Ligation of Arteries in Provincial Hospitals, 1860.* Med. Times and Gaz., April 27th, p. 445.

**FOUCHER.**—*Five cases in which Acupressure was employed for the arrest of hæmorrhage.* Bull. de l'Acad., xxv, p. 1085, Sept., 1860. Schmidt's Jahrb., vol. 109, No. 8, p. 73.

Two of these were amputations of the leg, one of the thigh, and the other two injuries of the radial and temporal arteries.

**BECK, Dr. B.**—*Case of arrest of Hæmorrhage from a Vein by deligation of the corresponding artery.* Deutsche Klin., 48, 1860. Schmidt's Jahrb., vol. 109, No. 4, p. 79.

Beck tied the posterior tibial artery in the lower third of the leg to stop venous hæmorrhage in Chopart's amputation. A good recovery took place.

**NELATON.**—*Venous Hæmorrhage, treated by introducing a cylinder of agaric, soaked in perchloride of iron, into the tube of the vein.* Journ. de Méd. et de Chir., vol. xxxii, Nov., 11th part, p. 499, art. 6118.

An account of a very remarkable case of thrombus in the neck from spontaneous rupture of the internal jugular vein, occurring during scarlatina. The swelling was opened to relieve the extreme dyspnoea produced by its pressure on the air-passages, under the supposition that it was an abscess. The hæmorrhage which followed was so copious that the incision was prolonged in order to bring into view its source, which was found to be an oval opening in the internal jugular vein. This Nelaton plugged with the agaric cylinder, and the bleeding did not return.

##### *Aneurisms of the Intermittent, Subclavian and Carotid Arteries.*

**BROADBENT, J.**—*Report of a case of Aneurism of the Arteria Intermittata, in which the carotid artery was tied; death fifteen weeks afterwards.* Lancet, April 13th, p. 359.

A man, æt. 50, of intemperate habits, in the summer of 1858 had hoarseness, difficulty in swallowing, and pains in the right arm. Early in 1859 a tumour appeared above the clavicle, which in the following December had attained the size of a large egg. In January, 1860, it suddenly increased to twice its former dimensions, and his right arm became powerless. The tumour reached from the clavicle to the cricoid cartilage, pushed the larynx to the left, one and a half inch beyond the median line. The right carotid artery could be felt along its inner side. April 8th,—This vessel was secured below the omo-hyoïd muscle. There was no perceptible difference in the tumour. Secondary haemorrhage took place on several occasions, and the man sank on the 31st of July.

HILTON.—*Aneurism of the Subclavian Artery; treatment by digital compression, manipulation, ice, &c.* Lancet, June, p. 561.

A labourer, æt. 38. This aneurism followed a sudden, severe jerk of his left arm. It was the size of half a small orange, and reached over the first and second ribs. January 14th,—Hilton confined him to his bed, and had ice constantly applied. 17th,—From the intense cold, the skin over the coracoid process was excoriated. A layer of lint was placed between the ice and the tumour. Digital compression maintained from 6 a.m., 31st, to 10 p.m., February 2nd. The tumour became smaller, and the impulse less. Tenderness of the skin necessitated the discontinuance of the pressure. 7th,—Pressure resumed for nine hours continuously. 10th,—Tumour more diffused, and impulse greater. Pressure was again applied during several hours, on two occasions, but without decided change. April,—Forcible manipulation. May 2nd to 15th,—Ice for three hours continuously at night; afterwards pressure. May 28th,—Patient in *statu quo*.

HOLT.—*Aneurism of the Carotid Artery; ligature of the lower part of the vessel; successful result.* Lancet, June 8th, p. 560.

The aneurismal tumour at first deceptively simulated an enlarged lymphatic gland, but subsequently its real nature became apparent. Holt tied primitive carotid artery about an inch above the bifurcation of the art. innominata, November 10th, 1860. The ligature separated on the sixteenth day; the tumour had become much smaller, harder, and did not pulsate. A month after this the neck was much swollen, and a large quantity of healthy pus escaped through the upper part of the wound. Arterial bleeding occurred, but was stopped by pressure on the tumour. February 4th.—Great diminution of the tumour, and not much discharge.

#### *Ligation of the Carotid Artery for Haemorrhage from Wounds.*

HUTCHINSON, J. C.—*Ligature of the Primitive Carotid Artery for wound of the internal maxillary artery; recovery.* Amer. Med. Times, April 20th, p. 254.

MERCER, A.—*Ligature of the Primitive Carotid for w. d of the occipital in the occipital groove.* Amer. Med. Times, May 18th, p. 321.

The patient, in a brawl, received a stab behind the mastoid process. The bleeding from the wound was very free, but was controlled by direct compression till the fifth day, when it recurred so profusely that Mercer tied the common carotid artery above the omo-hyoid. The effect of this was only temporary, fresh haemorrhages took place, and death ensued twenty-three days after the receipt of the wound, which was found at the autopsy to pass between the mastoid process and the transverse process of the atlas, and to involve the occipital artery.

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LAWRENCE.—*Self-inflicted wound in the Throat in Delirium Tremens; ligature of the carotid; death on the fourth day.* Med. Times and Gaz., Jan. 26th, p. 89.

A wound with a penknife, a little above and to the right of the thyroid cartilage, producing very free bleeding, which was controlled by pressure on the common carotid. As Lawrence could not discover the bleeding vessel he tied the common carotid artery just where it is crossed by the omo-hyoid muscle. At the autopsy the wounded vessel could not be discovered.

#### *Wounds of the Arteries of the Upper Extremity.*

KRAUSE, Dr. W.—*Traumatic Angiectasis of the left Arm.* Langenbeck's Archiv f. Klin. Chir., vol. ii, parts 1 and 2, p. 142.

TAYLOR, J. M.—*Traumatic Aneurism of the Brachial; ligature of the axillary artery; recovery.* Dublin Med. Press, Dec. 11th, p. 408.

BICKERSTETH.—*Lacerated wound of the Arm; rupture of the middle and internal coats of the brachial artery; ligature of the artery; trismus; death.* Med. Times and Gaz., June 29th, p. 675.

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PANCOAST.—*Amputation above the Wrist; haemorrhage from the radial artery; ligature of the brachial.* Philadelphia Med. and Surg. Rep., Jan. 26th, p. 447.

The interosseous artery had been tied, and the radial secured again at a higher point, in consequence of secondary haemorrhage from the stump. These measures and Monsel's salt proving insufficient, the brachial artery (which was double) was tied.

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UHLENBERG, Dr.—*Contributions to the Treatment of Wounded Forearm-Arteries.* Langenbeck's Archiv f. Klin. Chir., vol. ii, parts 1 and 2, p. 300.

Two cases of deligation of the brachial artery for puncture of the ulnar and radial arteries, with comments on the treatment of these injuries.

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CLEMENT, B. A.—*Wound of the Radial Artery; compression; secondary haemorrhage; ligature.* Amer. Journ. of the Med. Sc., July, p. 44.

MARSDEN, A.—*Wound of the Palmar Arches; recurrent haemorrhage; ligature of ulnar and radial arteries; cure.* Lancet, Aug. 17th, p. 160.

*Aneurism of the Gluteal Artery.*

**SYME.**—*Large Gluteal Aneurism; ligature of the gluteal artery.*  
*Lancet, June 22nd, p. 611.*

A middle-aged man received a deep puncture in the hip with a pruning knife. The bleeding, which was very free, ceased, and an aneurism formed. Seven years after this, when he came under Syme's care, the tumour, a large, blunt cone, was as large as a man's head at its base, and occupied the whole hip. Syme freely exposed the cavity by a long incision, turned out the clots, found and tied the gluteal artery.

*Embolus and Aneurismal Varix of the Femoral Vessels.*

**ADAMS, A. L.**—*Embolus of the Femoral Artery, followed by Sphacelus of the Leg and Foot; amputation; recovery.* Edin. Med. Journ., Dec., p. 538.

**PEMBERTON, O.**—*On a case of Aneurismal Varix in the upper part of the Thigh, following the employment of pressure for the cure of an aneurism of the posterior tibial artery.* Med.-Chir. Trans., vol. xliv, p. 189.

In this case a direct communication was established between the femoral artery and the femoral vein.

*Aneurism of the Femoral Artery.*

**RAWSON, T. J.**—*Case of Traumatic Aneurism of the Femoral Artery.*  
*Dublin Hosp. Gaz., Aug. 1st, p. 229.*

**SOLLY.**—*Aneurism of the Femoral Artery at the Groin; ligature of the external iliac; recovery.* Lancet, June 1st, p. 532.

A carpenter, æt. 32. The tumour lay just below Poupart's ligament; it measured five inches in its vertical and three and a half inches in its transverse diameter, and was red and tender. As pressure could not be endured, the external iliac artery was tied January 1st, 1860. The thread came away on the thirtieth day. The tumour became very small and hard, and the man was discharged cured on March 9th.

**SOLLY and JONES.**—*Aneurism of the Femoral Artery, compression; ligature of the vessel; secondary haemorrhage; ligature of the external iliac artery; fatal result.* Ib.

A groom, æt. 33. The aneurism occupied the middle of the thigh; was five inches long, and three across. It commenced nine months before his admission into St. Thomas's Hospital. November 16th,—Pressure with a "horse-shoe tourniquet;" Tr. Digitalis, 3j thrice daily, with opium at night. Being unable to bear the pressure, 28th, Jones tied the femoral artery above the profunda. December 2nd,—The separation of the thread was followed by arterial haemorrhage, and this recurring several times next day, Jones tied the art. iliaca ext., which stopped the

bleeding. 26th.—The aneurismal sac was laid open, having suppurated. After this haemorrhage occurred several times from the first wound, and could not be arrested notwithstanding that the femoral artery was exposed as high as Poupart's ligament, and all bleeding points were secured. No post-mortem examination was allowed.

**CANTON.**—*Aneurism of the Femoral Artery; ligature of the trunk above it; fatal result.* Lancet, May 25th, p. 512.

A carpenter, æt. 29. The tumour three and a half inches long and two inches broad, at the lower and inner part of the thigh, extended beneath the tendon of the adductor magnus muscle into the ham. It had been noticed only one month. November 3rd,—Canton tied the superficial femoral artery at the lower part of Scarpa's space. 7th,—Pyrexia. 9th,—Slight haemorrhage from the wound. 12th,—More bleeding. 14th,—Pain and swelling of right shoulder and elbow. 16th,—Death from exhaustion.

**PAGET.**—*Aneurism of the Femoral Artery at the Groin; ligature of the external iliac; recovery.* Lancet, June 1st, p. 531.

A sawyer, æt. 32, strumous and rheumatic. The tumour, the size of a small hen's egg, was situated just below Poupart's ligament. The ligature came away on the eighteenth day. The patient left St. Bartholomew's Hospital four months afterwards. The condition of the aneurism is not stated.

**KING.**—*Aneurism of the Femoral Artery; ligature of the external iliac; suppuration of the sac, and death two months afterwards.* Med. Times and Gaz., April 13th, p. 387.

A warehouseman, æt. 42. The aneurism, just below Poupart's ligament, was as large as filled the palm of the hand. A silver-wire ligature was used.

**PAGET.**—*Aneurism of the Femoral Artery; ligature of the external iliac; recovery.* Med. Times and Gaz., April 20th, p. 419.

**SOLLY.**—*Aneurism of the Femoral Artery; ligature of the external iliac; recovery.* Ib.

**ERICHSEN.**—*Ruptured Femoral Aneurism; ligature of the external iliac.* Med. Times and Gaz., Aug. 10th, p. 136.

**HOLT.**—*False Aneurism of the Femoral Artery in Hunter's Canal; operation by cutting into the aneurism, and tying both ends of the wounded vessel; subsequent inflammation of the knee-joint; recovery.* Lancet, June 22nd, p. 609.

A servant lad, æt. 18, received a thrust with a heated iron rod in the inner and back part of his thigh. Blood spurted profusely from the wound, but soon stopped flowing, and the thigh became swollen. Seventeen weeks afterwards, when he came under Holt's care, the swelling reached from three inches below Poupart's ligament nearly to the knee, and involved nearly two thirds of the circumference of the limb. It was elastic and fluctuated obscurely, but did not pulsate. A bruit was heard about half way down, and again where the superficial femoral artery

enters Hunter's canal. On two occasions after his admission into hospital a sudden increase of the swelling took place. Holt made an incision nine inches in length along the middle line of the tumour, turned out four pounds of clotted blood, and discovering a wound in the femoral artery in Hunter's canal, isolated this vessel and tied it. The knee-joint inflamed and suppurated. The patient was convalescent at the end of a month.

*Aneurism of the Popliteal Artery.*

PETERS, Dr. G. A.—*Case of false Popliteal Aneurism occurring three years after deligation of the external iliac artery for inguinal aneurism.* Amer. Med. Times, April 20th, p. 261.

CURLING and HUTCHINSON.—*Large Popliteal Aneurism; spontaneous cure.* Ib., p. 533.

A leuco-phlegmatic woman, æt. 39, with ulcers on her legs. The tumour filled the ham, reached considerably above and below it, and bulged superficially above the level of the hamstrings. Its boundaries were indistinct, and the pulsation moderate, as if a large clot were present. The woman left the London Hospital, after being there a few days, to nurse two sick children. The pulsation became more feeble, and then stopped entirely. Six months afterwards the only trace of the aneurism was a small, hard lump, the size of half a walnut.

POLLOCK.—*Aneurism of the Popliteal Artery, successfully treated by compression.* Ib., p. 533.

A railway servant, æt. 33, formerly a guardsman. February 1st, 1861.—The aneurism, which was attributed to a violent wrench in 1854, was about three inches long, and seemed to commence at the upper portion of the artery. It evidently contained much fibrine. Pressure during twelve hours daily was made with a spring tourniquet. On one occasion flexion was tried for three hours, but discontinued on account of the extreme pain it caused. 16th,—Pulsation ceased. Tumour much smaller and harder.

COCK.—*Aneurism of the Popliteal Artery; compression; ligature of the femoral; cure.* Lancet, June 1st, p. 533.

An engine-driver, æt. 36, jumped from his engine, which was going at fifteen miles an hour, and alighted on his heels, December 17th, 1860. He instantly felt such a sharp pain in his leg and thigh that he thought he had broken a bone. A few days after this he noticed a swelling in his ham. January 11th,—Cock compressed the femoral artery with a weight against the pubes, relieved by a tourniquet below. This was maintained uninterruptedly during four days and nights, at the same time ice was put to the tumour. The skin became abraded; when it had healed, pressure was returned, but again discontinued, because of pain and sleeplessness. The tumour had become harder. February 5th,—Cock tied the femoral artery. The ligature separated on the twenty-third day, and the man left Guy's Hospital March 13th. The condition of the tumour at this time is not described.

**ADAMS.**—*Aneurism of the Popliteal Artery in an old man with an arcus senilis; treatment by compression; cure.* Lancet, May 25th, p. 511.

A storekeeper, *æt.* 67. The aneurism, of the size of an orange, had been first noticed only ten days before he was sent to Adams. December 21st, 1860,—A bladder of snow (afterwards of ice) was applied to the tumour, and an ineffectual attempt was made to compress the artery against the pubes with a weight. January 1st, 1861,—A Signorini's tourniquet was applied one inch below the groin and the ice was discontinued. February 6th,—The tumour is the size of a large walnut, hard and firm. April 19th,—He left the hospital cured.

**URE.**—*Aneurism of the Popliteal; treatment first by compression, subsequently by ligature of the femoral artery; recovery.* Lancet, May 25th, p. 510.

The aneurism was as large as a turkey's egg. Compression was effected by a "double compress, well padded, applied along the middle third of the femoral artery beneath a tourniquet." Subsequently the pressure was alternated between the groin and the middle third of the thigh. After a few days, increasing oedema of the limb and irritability of the patient led Ure to tie the artery. The thread separated on the seventeenth, and the man left St. Mary's Hospital on the fifty-fourth day after the operation.

**POLAND.**—*Case in which a (Popliteal) Aneurism was cured by compression nine years ago.* Med. Times and Gaz., Feb. 16th, p. 175.

**EDDOWES, J. H.**—*Case of Popliteal Aneurism; ligature of the femoral; secondary haemorrhage; recovery.* Med. Times and Gaz., March 9th, p. 252.

A gamekeeper, *æt.* 35. The aneurism measured five inches by two. Pressure was tried, at first with the ordinary tourniquet (with pad and strap) and afterwards with Signorini's; but the skin threatening to slough, the vessel was tied.

**CORNEX.**—*Popliteal Aneurism; compression; cure.* Med. Times and Gaz., May 4th, p. 471.

A shipwright, *æt.* 38. The tumour, in the right ham, measured four inches by three. Carte's instrument was first employed, but afterwards a common sash-bolt weighing seven pounds.

**PETERS, G. A.**—*Popliteal Aneurism occurring in the course of a ligated vessel.* Amer. Med. Times, April 20th, p. 261.

Peters amputated the leg of a man, *æt.* 41, for a diffused popliteal aneurism which had supplicated and burst. The patient's external iliac artery had been tied three years previously by Dr. Hosack for inguinal aneurism.

**LOCKWOOD, A. P.**—*Case of Popliteal Aneurism, successfully treated by compression.* Edin. Med. Journ., Dec., p. 531.

**CRITCHETT.**—*Popliteal Aneurism, cured by pressure in twenty-one days.* Med. Times and Gaz., Sept. 28th, p. 323.

**Pritchard, A.**—*Case of Popliteal Aneurism, cured by forcible flexion.*  
Brit. Med. Journ., March 30th, p. 335.

A railway servant, æt. 34. Extreme flexion was too painful to be continuously borne. A horse-shoe tourniquet was applied whenever the flexion was relaxed. A cure was effected in twenty-five days.

**Birkett.**—*Aneurism of the right Popliteal Artery; compression; ligation of the femoral artery; cure.* Lancet, May 25th, p. 509.

The patient a dockyard artisan, æt. 42. The aneurism, which had been only noticed three weeks, entirely filled the ham, and contained a considerable mass of fibrine. Pressure with a clamp and weight was tried for a week, but producing œdema and heat of the limb and feverishness, Birkett tied the (superficial?) femoral artery. The ligature separated on the nineteenth day. The aneurism slowly shrank and hardened.

**Birkett.**—*Aneurism of left Popliteal Artery; pressure on the femoral; ligation; cure.* Ib.

A shipwright, æt. 39, received a very violent blow on the outer side of the knee; one month after this he had an aching pain behind the joint, and in another month found a lump in his ham. Three months after the accident the tumour, which filled the ham, pulsated very strongly; by stopping the circulation through it, it could be entirely emptied. Pressure was relinquished after a few days, on account of the restlessness and irritability induced by it, and the artery was tied at the usual place, October 9th. The thread came away on the twenty-fourth day.—November 9th. The man left the hospital, scarcely a trace of the aneurism remaining.

#### *Wound of the Tibial Arteries.*

**Wakley, T. H.**—*Extensive wound of the Leg, dividing the Anterior and Posterior Tibial Arteries; compression of the femoral artery; cure.* Lancet, June 22nd, p. 609.

#### VARICES.

**Brinton.**—*Varicocele of the Leg.* Amer. J. of Med. Sciences, No. lxxiv, new series, Oct., p. 440.

A notice of an injected specimen exhibited at the Path. Soc. of Philadelphia. The deep as well as the superficial veins were enormously dilated.

**Gross, S. W.**—*A remarkable case of Congenital Aneurismal Varix of the Leg and Foot.* Amer. J. of Med. Sciences, No. lxxiv, new series, Oct., p. 441.

Great dilatation and tortuosity of the superficial veins, from the base of the toes to the knee, attended with aneurismal thrill, pulsation and a whiffing *bruit de souffle*. A deep, excavated, foul ulcer on the dorsum of the foot occasionally bled. The limb, utterly useless and very painful, was amputated, and the patient, a woman, æt. 43, died on the twenty-eighth day, of pyæmia.

URE.—*Varicose Veins and Ulcer cured by the use of blisters after failure by needles.* Lancet, July 20th, p. 61.

Ure considers that blisters cure by causing contraction of the veins and the deposition of fibrine into the surrounding structures, and he has found the cure to be permanent.

URE.—*Saccular expansion of the Internal Saphena Vein, with a narrow, pedicular attachment; removal.* Lancet, Sept. 7th, p. 228.

SKEY.—*Notes of Cases in Surgery.* Lancet, Oct. 5th, p. 327.

Skey had treated twenty-five cases of varicose veins in the leg with Vienna paste, and says from twelve to eighteen eschars will usually suffice for a leg somewhat largely affected.

WOOD, J.—*New operation for the cure of Varicose Veins.* Med. Times and Gaz., Oct. 12th, p. 377.

The principle of this operation is the obliteration of the veins by compression between two needles, of peculiar construction, one of which lies behind and the other in front of the vessel.

BOISNOT, J. M.—*Remarks on Dr. Levi's application of the metallic ligature to the cure of Varicose Veins; with report of two cases.* Philadelphia Med. and Surg. Rep., March 2nd, p. 583.

#### ABDOMEN.

##### *Injuries of the Abdominal Viscera.*

AYRES and BAWER.—*Three cases of wounds of the Intestines.* Philadelphia Med. and Surg. Rep., June 29th, p. 293.

REICH.—*Double perforation of the Duodenum, caused by a fall.* Aerztl. Mitt. a. Baden, xiii, 28, 1859.

BIRKETT.—*Ruptured Intestine; death; autopsy.* Med. Times and Gaz., Sept. 14th, p. 271.

The injured bowel was ileum, about six feet from the cæcum.

SMITH, S.—*Extensive Rupture of the Liver, from a kick by a horse; death in half an hour.* Lancet, Aug. 31st, p. 208.

HILTON.—*Laceration of the Liver; death on the ninth day; partial cicatrization.* Med. Times and Gaz., Sept. 7th, p. 241.

BIRKETT.—*Laceration of the liver; fracture of the skull; death; autopsy.* Med. Times and Gaz., Sept. 7th, p. 242.

Sudden death on the following day, probably from hæmorrhage into the abdomen.

CARTER, E. W.—*Extensive Rupture of the Liver from the recoil of a gun-stock.* Med. Times and Gaz., Sept. 7th, p. 242.

Death shortly afterwards from hæmorrhage. The peritoneum was found filled with dark, fluid blood. The liver was very extensively lacerated.

WALTER, A. G.—*Traumatic Injury of the Liver, with profuse bleeding; recovery.* Philadelphia Med. and Surg. Rep., June 15th, p. 245.  
A deep stab with a broad-bladed knife.

*Cases of Abdominal Section.*  
(*Gastrotomy and Enterotomy.*)

SUAREZ Y GOMEZ, Dr. F.—*A case of successful Gastrotomy in the right Hypochondrium for the extraction of a foreign body.* El Siglo Méd., 291, 1859. Schmidt's Jahrb., vol. 109, No. 4, p. 72.

A man fell from a wagon of hay upon a stake. At first unconscious, he afterwards discovered that the point of the stake, on which he had spitted himself, was wanting, and as it could not be found it was assumed that it was buried in the large wound beneath the right hypochondrium. This was ascertained by a surgeon to extend from the middle of the false ribs in an inward and upward direction. A splinter was pulled out, but the principal piece of the stake-point was not detected. The wound gradually closed; at the expiration of fifty days it had only the diameter of a quill, and constantly discharged a large quantity of stinking pus. The man became weaker, and had constant pain in the region of the liver. In this condition he came under the care of the reporter, who traced the wound with a probe through a quarter circle, which reached from the epigastrium along the convexity of the liver and the diaphragm to the transverse processes of the dorsal vertebrae. At these points there were indistinct sensations of foreign bodies; behind, this seemed to be caused by the transverse process of a vertebra, and in front by the lower border of the false ribs. Gomez, satisfied of the presence of a foreign body, enlarged the wound freely with a bistoury, and extracted a pointed piece of wood  $3\frac{1}{2}$ —4" long, and  $\frac{3}{4}$ " broad. It lay in a cavity inside the second and third false ribs, with its point in the internal intercostal muscle and its base, between this and the liver near the gall-bladder.

PAGENSTECHER, Dr.—*Operation (belly-cut) for the removal of a presumed Internal Strangulation.* Archiv f. Klin. Chir., vol. ii, parts 1 and 2, p. 318.

Supposing that he had to deal with an intra-abdominal rupture, Pagenstecher laid open the left inguinal canal by an incision three inches long, parallel to Poupart's ligament. After dividing the muscles, the peritoneum protruded from the wound and was opened; some cloudy, flocculent serum ran off, and a brown-blue object, covered with turgid veins, the supposed hernial sac, came into view. On tracing this with the fingers numerous soft adhesions to the inner wall of the belly were broken down, until the finger could be passed round the entire lower end, but no connexion with bowel was discovered. Thinking that the obstruction lay higher, the surface of the tumour was cautiously followed till what seemed to be its upper end was reached. At this point some coils of intestine were found tightly squeezed against the anterior abdominal walls, and partially adherent. These were freed

and displaced towards the navel. The tumour was now found to extend still higher, and the fingers lastly arrived at the edge of the liver, the interlobular fissure, and the gall-bladder, in which last the diminishing end of the tumour lost itself. The base of the gall-bladder was now stitched to the bottom of the wound and punctured. The abundant contents were broth-like in appearance, and contained fat and cholesterine. The woman recovered.

TÜNGEL, Dr. C.—*Two cases of Enterotomy.* Archiv für Chir., vol. i, part 2, p. 335, Berlin, 1861.

Two cases of internal intestinal obstruction, in which the descending colon was opened. The first, complicated with fistulous communication between the gut and the bladder, died. In the second case the bowel again became pervious, faeces were passed per anum, and the artificial opening closed; the patient recovered.

LAWSON, G.—*Abdominal section for the relief of Intestinal obstruction; fatal result.* Med. Times and Gaz., June 29th, p. 675.

The obstruction was caused by scirrhous of the ileo-cæcal valve. Death occurred nine hours after the operation.

BAUER, L.—*Case of Artificial Anus at the left Flexura Coli; repeated operations; final closure of the aperture.* Philadelphia Med. and Surg. Rep., June 15th, p. 246.

The artificial opening followed exfoliation of a portion of the eighth rib, consequent on a blow. Faeces were passed naturally per anum, once a week, but most escaped through the flank. The operation consisted in freshening the edges and closing the skin over the hole.

PAGENSTECHER, Dr.—*Enterotomy for the formation of an Artificial Anus in the left groin, for sarcomatous obstruction of the rectum.* Langenbeck's Archiv f. Klin. Chir., vol. ii, parts 1 and 2, p. 321.

#### *Hernia.*

HAYDEN, TH.—*On the Structure and Pathology of the Hernial Sac.* Dublin Quart. J., No. lxiii, Aug. 1st, p. 53.

COLLIS, M. H.—*Contributions to the Surgery of Hernia.* Dublin Quart. J., p. 287.

#### *Strangulated Hernia.*

HUTCHINSON.—*Report on twenty-five cases of operations for Strangulated Hernia.* Med. Times and Gaz., April 13th, p. 386.

COOPER and HOLMES.—*Statistics of operations for Strangulated Hernia at St. George's Hospital during seven years.* Med. Times and Gaz., May 15th, p. 624.

STREUBEL, Dr. C.—*On Herniae and their Treatment.* Schmidt's Jahrb., vol. 110, No. 6, p. 337.

A retrospect containing—(1) observations on the disqualification for military service caused by hernia; (2) an abstract of radical cures by Ogier, J. Wood, Spencer Wells, and Riggs; (3) a report of cases of

empty sac, sacs filled with serum, rupture of the sac; (4) rare forms of hernia; (5) remarks on strangulation, and its treatment by taxis and herniotomy.

LE GROS CLARK, F.—*Clinical Lecture on Hernia; plastic operation for contraction after burn; tracheotomy.* Med. Times and Gaz., Jan. 12th, p. 31.

NICOLLS, S.—*Opium in Strangulated Hernia.* Dublin Med. Press, June 26th, p. 460.

An account of three cases of strangulated hernia reduced by the taxis after the exhibition of opium.

HILLYARD, A.—*Opium in Strangulated Hernia.* Dublin Med. Press, Aug. 31st, p. 113.

Report of a case of strangulated hernia reduced by the taxis after the administration of opium.

PATTERSON, A.—*Hernia.* London Med. Rev., Jan., p. 321.

Report of two cases of strangulated hernia, the first an inguinal one, the presence of which was overlooked by the medical attendant, and the patient allowed to die; the second a very small femoral rupture, which was successfully operated on.

HULKE, J. W.—*Four cases of Strangulated Hernia.* Med. Times and Gaz., Feb. 2nd, p. 115.

Two congenital scrotal herniae, where the sac was subdivided by septa, and two crural herniae, one of which was in a male.

EDWARDS, A. M.—*Two cases of operations for Strangulated Hernia.* Edin. Med. Journ., March, p. 809.

In the second case the patient had undergone herniotomy more than twenty-three years previously.

#### *Strangulated Inguinal Hernia.*

BIRKETT, J.—*Description of a case of Intra-parietal Inguinal Hernia, with references to cases which were probably of a similar kind.* Guy's Hosp. Rep., vol. vii, p. 270.

The term intra-parietal, according to the author, "implies that the peritoneal hernial sac extended into the walls of the abdomen; that it was circumscribed by the muscular and fascial coverings of that cavity." Herniae of this kind Birkett arranges in two classes—(1) In which the sac extends upwards in front of the internal abdominal fascia, and behind the aponeurosis of the external abdominal oblique muscle, either in the direction of the crest of the ilium or towards the rectus muscle and umbilicus. (2) Where the sac extends into the inferior abdominal walls, into the iliac fossa, resting on the iliacus muscle, beneath the internal abdominal fascia, or where it passes inwards behind the horizontal ramus of the pubes to the side and front of the bladder. To a detailed description of his own case, which was one of oblique inguinal scrotal hernia, complicated with a second sac situated in the

anterior abdominal wall, near the crest of the ilium, Birkett appends accounts of three other cases where the sac with its contents had been pushed upwards by the taxis through the inguinal canal (which was found empty at the operation), and was found lying upon the outer surface of the peritoneum. He next cites some cases of intermuscular hernia, published by Luke, 'London Med. Gaz.', March, 1850, p. 458, with others from German periodicals, and concludes with practical remarks on the operations necessary in cases of this sort.

**BILLROTH, Dr. K.**—*A case of simultaneous external and internal Strangulation of the Boucl; hernio-laparotomy.* Archiv für Klin. Chir., vol. i, part 1, p. 485.

A large scrotal hernia, containing several loops of small intestine and the cæcum, which was strongly blown up with gas and quite irreducible, hanging from a strong cord-like mesoæcum. All manipulation failing to expel the gas from the cæcum, its replacement being impossible, the gut was punctured, the gas let off, and a ligature placed round the small hole. Though collapsed, the gut was still not properly irreducible. The incision in the abdominal walls, which had been prolonged to three inches, was closed. Death followed six hours afterwards. At the post-mortem examination the obstacle was found to be a double twist of the bowel.

**CURLING and HUTCHINSON.**—*Inguinal Hernia, with undescended Testis; partial reduction; operation; recovery.* Lancet, March 9th, p. 236.

The stricture was formed by the neck of the sac, which had been thrust up within the internal ring by the taxis before the patient was admitted into the hospital. The testis, enclosed in the lower part of the sac, was just outside the external ring.

**PANCOAST.**—*Hernia; non-descent of the right Testicle.* Philadelphia Med. and Surg. Rep., Feb. 9th, p. 507.  
Short, explanatory remarks on this condition.

**REESE, B. P.**—*Strangulated Inguinal Hernia successfully treated by an enema of Tobacco Decoction.* Amer. Journ. of Med. Sc., April, p. 602.

**DAYLE, O. M.**—*Strangulated Inguinal Hernia successfully treated by large doses of Opium.* Amer. Journ. of Med. Sc., Jan., p. 293.

**BOWMAN.**—*Reduction of Hernia assisted by placing the patient on his head.* Med. Times and Gaz., July 2nd, p. 117.

A large inguinal hernia. The taxis assisted by chloroform had been ineffectual, but on inverting the patient, and bringing the pelvis into a vertical position, compression of the tumour with the hands for half a minute sufficed to reduce it to three fourths of its bulk, but the whole of its contents were not returnable till the patient had been again placed in the recumbent posture.

**POWER, H.**—*A case of Strangulated Oblique Inguinal Hernia, treated by inverting the patient.* Lancet, March 23rd, p. 287.

POUND, G.—*Case of Strangulated Hernia, treated successfully by the inverting method.* Brit. Med. Journ., Aug. 17th, p. 169.

An oblique inguinal hernia of old standing, and not very acutely strangulated.

HUTCHINSON, J. C.—*Case of Congenital Inguinal Hernia, strangulated.* Amer. Med. Times, May 18th, p. 319.

HOLT.—*Strangulated Congenital Hernia in an Infant; herniotomy; recovery.* Lancet, Sept. 28th, p. 295.

URE.—*Congenital Inguinal Hernia of the right side; operation; convalescence on the fourth day.* Lancet, March 9th, p. 237.

PARTON.—*Strangulated Congenital Hernia in an Infant; operation; recovery.* Med. Times and Gaz., Feb. 2nd, p. 117.

A boy, 17 months old, was admitted into King's College Hospital, November 26th, 1860, with a swelling in the left groin and scrotum, which had existed from birth, but had, till the preceding day, always disappeared when the child was laid down. Restlessness, constipation, and bilious vomit. Swelling in scrotum irreducible, and very tender. Herniotomy; the stricture was at the external ring. The testis was deeply congested.

WILSON, W. J.—*Unusual complications of an Oblique Congenital Inguinal Hernia in a patient twenty-seven years of age, probably the result of a freak of development.* Lancet, June 15th, p. 583.

These complications were—testis retained in the inguinal canal and an oval mass of omentum occupying the natural position of the testis (which it most deceptively simulated) enclosed in a sac, the neck of which had become contracted.

STANLEY.—*Inguinal Hernia partially reduced en masse; operation; death.* Med. Times and Gaz., Feb. 9th, p. 145.

A man, æt. 32, long the subject of hernia, whilst drunk, felt the bowel protrude, and tried himself to reduce it. The swelling disappeared, but symptoms of strangulation continued. Stanley operated; found the sac at the upper end of the canal, opened it, and divided the stricture, which was in its neck.

HUSSLE, N. C.—*Case of Inguinal Hernia, in which the contents of the sac was the sigmoid flexure of the colon; operation; recovery.*

Amer. Med. Times, July 6th, p. 7.

A labourer ruptured himself by lifting a heavy gate; the following evening (the taxis having failed, though perseveringly tried several times, for periods of one and two hours) Hussel operated, and after slitting up the inguinal canal and sac, returned the bowel, which is stated to have been the sigmoid flexure of the colon. The patient recovered.

BRADFORD, F. J.—*Successful operation for Inguinal Hernia, with the Testicle and Sac both above Poupart's Ligament.* Amer. Journ. of Med. Sciences, No. lxxiv, new series, Oct., p. 422.

Herniotomy for a large strangulated bubonocele. The undescended testis (small and long) was "immediately under the sac."

OSBORNE, C. H.—*Formation and spontaneous cure of Artificial Anus.*  
Amer. Med. Times, May 4th, p. 291.

A remarkable case of recovery from a strangulated direct inguinal hernia which had sphacelated.

HOLT.—*Strangulated hernia; stricture of the Urethra; Hæmorrhoids; previous constipation for twenty-one days; operation for hernia; operation for stricture; recovery.* Lancet, Aug. 24th, p. 183.

COOTE, H.—*On Inguinal Hernia in the Female.* London Med. Rev., Jan., p. 317.

Account of herniotomy performed by Coote for a small, globular, strangulated rupture, the size of a walnut. The entire hernial sac sloughed and was thrown off. The patient, aged forty, recovered. Coote notices other similar cases, and offers some remarks on the anatomy of this form of rupture.

#### *Strangulated Femoral Hernia.*

HOLMES, J.—*Strangulated Femoral Hernia attended with obstinate constipation.* Brit. Med. Journ., Aug. 31st, p. 225.

The bowels were not moved till the fifteenth day after the operation.

LANE.—*Strangulated Femoral Hernia; operation without opening the sac; persistence of symptoms; second exploratory operation; recovery.* Lancet, Nov. 2nd, p. 421.

LANE, J.—*Strangulated Femoral Hernia; operation; recovery.* Lancet, Nov. 2nd, p. 421.

NUNN, J.—*Four cases of Femoral Hernia operated on by a single vertical incision over the neck.* Lancet, May 18th, p. 485.

The ages of the patients were 74, 46, 40, and 62 years. The first three recovered; in the fatal case and in one of the successful ones the sac was opened.

MURNEY.—*Case of Strangulated Femoral Hernia.* Dublin Hosp. Gaz., June 1st, p. 167.

HAMILTON, E.—*Strangulated Femoral Hernia in the Male; operation and recovery.* Dublin Quart. Journ., Feb. 1st, p. 287.

MASON, F.—*Strangulated Hernia in a Woman aged seventy-two; operation on the fourth day of strangulation; sac opened; rapid recovery.* Med. Times and Gaz., July 27th, p. 87.

BARKER.—*Strangulated Femoral Hernia for four days; operation; recovery, with an artificial anus.* Lancet, March 9th, p. 237.

HEATH, C.—*On Cysts within the crural canal simulating Femoral Hernia.* Med. Times and Gaz., Sept. 7th, p. 238.

#### *Strangulated, Umbilical, Ventral, Vaginal Hernia.*

BRYANT, T.—*Strangulated Umbilical Hernia in an aged Female; operation and reduction without opening the sac; recovery.* Lancet, Feb. 23rd, p. 180.

The neck of the sac was opened and divided.

BRYANT.—*Strangulated Umbilical and Inguinal Hernia, reduced by the taxis under chloroform.* Med. Times and Gaz., Aug. 3rd, p. 108.

ABBOTT and BUCKINGHAM.—*Two cases of Ventral Hernia.* Boston Med. and Surg. Journ., Sept. 26th, pp. 161 and 164.

HEWETT, P.—*Case of Vaginal Hernia.* Brit. Med. Journ., Sept. 7th, p. 254.

*Operations for the Radical Cure of Hernia.*

EDWARDS, A. M.—*Notes on the history of attempts to obtain radical cures of Inguinal Ruptures.* Edin. Monthly J., Dec., p. 541.

BARWELL.—*Three cases illustrating the results of a new operation for the radical cure of Umbilical Hernia.* Lancet, Nov. 2nd, p. 419.

The contents having been carefully returned, the skin and sac are slit open so as to expose the opening into the abdominal cavity. This is closed with two or three silver-wire sutures, as may be required, the bowel being guarded with the tip of the finger or some convenient instrument during the passage of the needle. The slit in the hernial coverings is closed with stitches of the same material.

BARWELL, R.—*On a new operation for the cure of Umbilical Hernia.* Lancet, Nov. 16th, p. 471.

A more detailed statement of the plan of the operation, and the indications for undertaking it.

FIELD, A. G.—*Suggestion for a modification of Wood's operation for the radical cure of Hernia.* Med. Times and Gaz., Jan. 12th, p. 36.

This consists in cutting off a circular patch of the scrotal skin, instead of separating it from the subjacent tissues, as Wood does.

SYME, J.—*On the radical cure of Reducible Hernia.* Edin. Med. Journ., April, p. 865.

Syme takes any convenient elongated body, as a piece of bougie with a hole drilled through one end of it, and a piece of strong thread and a needle, such as is used in sewing up dead bodies. The string having been passed through the hole in the end of the body, "the needle is threaded with one end of the string, and laid with its concavity on the forefinger of the left hand, which is passed up along the cord within the external ring; the needle is then turned round so as to bring its point upwards, and passed with an inclination to the left through the textures, and brought out on the surface of the abdomen." The other end of the string is passed in a similar way, but with an inclination to the right. The body, smeared with cantharides ointment, is then drawn up into the canal by the thread, the ends of which are tied upon a piece of bougie. Syme states this proceeding to be simpler and more effectual than Wutzer's.

WELLS, J. S.—*Note on the alleged failure of Wutzer's operation for the cure of reducible Inguinal Hernia.* Med. Times and Gaz., Jan. 19th, p. 59.

Wells considers want of success to be attributable to three causes—  
(1) The performance of the operation in cases for which it is not suitable. (2) Imperfect performance. (3) Want of precaution in the after-treatment.

WOOD, J.—*Clinical remarks on a case of radical cure of Hernia; modified mode of operating.* Med. Times and Gaz., June 1st, p. 578.

In this case Wood used wire instead of thread, than which it causes less pain and less discharge.

CLEMENT, B. A.—*Wutzer's operation for the radical cure of Hernia; unsuccessful.* Amer. Journ. of the Med. Sc., July, p. 42.

CHISHOLM, J. J.—*A new operation for the radical cure of Hernia.* Amer. Med. Times, Feb. 2nd, p. 79.

Wood's original operation, with the omission of his scrotal incision, and the passage of the thread once instead of twice through the inner column. Chisholm uses silver wire, twists the loop tight, and cuts off the ends close to the skin. The loop remains permanently buried in the tissues, and in cases where it had been tied had caused no irritation.

BROWNE.—*Two cases of Wutzer's operation for the radical cure of reducible Hernia.* Dublin Hosp. Gaz., June 15th, p. 181.

In one case this operation is reported to have been completely successful.

#### *Injuries and Diseases of the Rectum.*

DEMARQUAY.—*The Treatment of Hæmorrhoidal Tumours by the Cautery and by linear ecrasement.* Gaz. de Paris, 41, 42, 1860. Schmidt's Jahrb., vol. 109, No. 4, p. 75.

Demarquay regards the application of the cautery to haemorrhoids as a real progress. He does not burn off the pile, as Roger did, but merely passes the hot iron a few times over its surface, so as to produce a superficial eschar. A recorded case shows, however, that this plan of treatment is occasionally followed by pyæmia. When internal haemorrhoids have protruded, and cannot be replaced in consequence of great swelling, Demarquay recommends the subcutaneous division of the sphincter ani. When the internal piles protrude in walking or on making any exertion, and when the sphincter loses its tone, and the mucous membrane of the rectum, or the rectum itself, comes down, so that the tumour cannot be replaced, or if replaced, will not remain up ; when the mucous membrane is swollen and vascular, and has a fungous aspect, and secretes a bloody mucus ; then the cautery is preferable. When, on the other hand, piles only protrude on defecation, remain down for a while, bleed, and then can be replaced ; when the sphincter is not relaxed ; when the mucous membrane of the rectum is not prolapsed ; linear ecrasement is indicated. The removal of too great an extent of mucous membrane leads to cicatrization and contraction of the rectum.

SMITH, H.—*On the Treatment of certain forms of Prolapsus Ani, where the ligature is not admissible.* Med. Times and Gaz., Sept. 14th, p. 266.

The treatment recommended by Smith consists in the application of strong nitric acid to the prolapsed bowel, and the removal of folds of the loose skin from the verge of the anus.

CLEMENTS, B. A.—*Prolapsus Ani, with chronic inflammation of the Rectum, cured by the local application of pure nitric acid.* Amer. Journ. of the Med. Sc., July, p. 38.

HULKE, J. W.—*Polypus of the Rectum.* Med. Times and Gaz., Nov. 30th, p. 555.

COULSON.—*The Treatment of Flat Ulcers of the Rectum.* Lancet, Aug. 17th, p. 161.

Coulson recommends regulation of the bowels with castor oil, great cleanliness, and the topical use of a mild mercurial ointment.

CURLING.—*Extensive Ulceration of the Rectum, followed by Stricture; recovery.* Med. Times and Gaz., May 18th, p. 521.

AGNEW, H.—*Stricture of the Rectum.* Philadelphia Med. and Surg. Rep., Jan. 5th, p. 369.

TUFFNELL, J.—*Practical remarks upon Stricture of the Rectum, especially in relation to its connection with Fistula in Ano and Ulceration of the Bowel.* With plates. 8vo, Dublin, Fannin and Co., 12.

NELATON.—*Burn of the Anus, followed by Incontinence of Faeces, tubular narrowing of the rectum.* Journ. de Méd. et de Chir., vol. xxxii, 8th part, August, p. 348.

The usual folds of skin were absent, the anus was simply a hole in the middle of a dense, resisting cicatrix. The finger passed within it entered a cavity filled with faeces, which Nelaton regarded as a pouch of mucous membrane drawn downwards through the natural anus by the contraction of the scar communicating with the gut above, and opening through the scar externally. Nelaton supposed that in defecation some of the contents of the rectum were retained in this cavity, from which they were afterwards expelled by the movements of the patient.

COULSON.—*Syphilitic Abscess ending in Fistula in Ano.* Lancet, Aug. 20th, p. 135.

CHISHOLM, J. J.—*A sure mode of ensuring the proper healing of Anal Fistula after incision; avoiding the necessity of daily plugging the wound, which is so troublesome to the surgeon and so painful to the patient.* Amer. Med. Times, April 13th, p. 239.

This consists in thoroughly painting the incision, throughout its entire extent, with perchloride of iron.

WOOD, J. R.—*Cancerous Disease of the Rectum.* Amer. Med. Times, May 18th, p. 329.

SCHURTZLER, J.—*A case of Cancer of the Rectum and Artificial Anus.* Deutsche Klin., 22, 1859. Schmidt's Jahrb., vol. 109, No. 5, p. 202.

**DEMARQUAY.**—*Melanotic Cancer of the Rectum; extirpation; measure employed to avoid haemorrhage.* Journ. de Méd. et de Chir., vol. xxxii, Sept, part 9, p. 397, art. 6082.

This was a tumour, the size of a hen's egg, growing from the back of the rectum above the internal sphincter. Demarquay, by a semi-circular incision, detached the sphincter from the coccyx, and cut off the back of the rectum with the tumour, which he pulled down with a forceps. The bowel was then stitched to the skin, in order to avoid infiltration of the surrounding tissues by the faeces. Notwithstanding that several arteries were tied, so much blood was lost during the day that plugging was necessary. The patient died of exhaustion the second day.

**RAFFY, Dr.**—*Removal of a Wooden Fork from the Rectum.* Journ. de Toulouse, 3 séér., v, p. 75, Mars, 1860. Ib.

**GOURIET, Dr.**—*Removal of a Pessary from the Rectum.* Gaz. des Hôp., 153, 1859. Ib.

This had been forcibly thrust into the bowel by a midwife by mistake, instead of into the vagina.

**BUHL, Prof.**—*Case of penetrating Wound of the Rectum; death four years afterwards; a vesical calculus, the nucleus of which was a piece of bone.* H. u. Pf. s Ztschr., 3, Reihe vii, p. 82. Schmidt's Jahrb., vol. 109, No. 4, d. 73.

**NYE, J. M.**—*Case of Pine in the Rectum.* Boston Med. and Surg. Journ., July 31st, p. 545.

These had probably been swallowed in childhood some twenty years before.

#### GENITO-URINARY ORGANS.

**HUTCHINSON.**—*Statistical Report of cases of Puncture of the Bladder,* 1860. Med. Times and Gaz., June 15th, p. 628.

**SLADE, D. D.**—*Injections and Irrigations of the Bladder.* Boston Med. and Surg. Journ., July 31st, p. 537.

**VAN BUREN, Prof. W. H.**—*Injection of the Bladder for Chronic Cystitis.* Amer. Med. Times, March 16th, p. 178.

**SLADE, D. D.**—*Observations upon a morbid condition of the Neck of the Bladder not described by surgical authorities.* Boston Med. and Surg. Journ., Jan. 31st, p. 531, and following numbers (continued from page 520).

This morbid condition is "contraction," the presence of which is ascertained by urethral exploration; it is to be treated by methodical dilatation.

**THOMPSON, H.**—*On a new remedy in Irritable Conditions of the Bladder.* Lancet, Oct. 12th, p. 345.

*Triticum repens*, one ounce of the underground stem of which is to be put into a pint of boiling water. From twelve ounces to a pint of the filtered liquor are to be drunk in the twenty-four hours.

PAGET.—*On an operation for Pervious Urachus, with Stillicidium Urinæ.*

Med.-Chir. Trans., vol. xliv, p. 13.

Paget describes two cases which he treated successfully by paring the edges of the umbilical opening, and then uniting them with a twisted suture.

MILLER.—*Case of Cancer of the Bladder.* Boston Med. and Surg. Journ., Feb. 28th, p. 81.

FRICKHOFFER, DR.—*Puncture of the Bladder in a case of Cancer of the Viscus.* Nass. Corr. Bl., 6, 1859. Schmidt's Jahrb., vol. 109, No. 3, p. 331.

JOHNSON.—*Prostatic Tumour projecting into the Bladder; fatal result.* Lancet, June 29th, p. 628.

THOMPSON, H.—*The diseases of the Prostate, their pathology and treatment.* London, John Churchill.

HUTCHINSON.—*Statistical Report on lithotomy, for 1860.* April 13th, p. 385.

This comprises thirty-seven cases of lithotomy performed in provincial hospitals.

PAGET, T.—*Cystotomy without a Stone.* Brit. Med. Journ., Dec. 14th, p. 631.

Intense symptoms of stone, but the click with the sound doubtful. Allarton's operation. Death on the third day. At the autopsy no stone found in the bladder. Tortuosity and dilatation of both ureters, the left forming a pouch the size of a pigeon's egg, beneath and around which suppuration extending into the recto-vesical pouch. It was ascertained that the click had been produced by the point of the staff striking the iliac portion of the brim of the pelvis.

TODD, A.—*Five cases of Lithotomy.* Med. Times and Gaz., Dec. 7th, p. 575, and Dec. 14th, p. 605.

FERGUSSON.—*Lithotomy in Children; clinical remarks.* Med. Times and Gaz., May 18th, p. 524.

CADGE.—*Calculus encysted in the Walls of the Bladder; lithotomy; recovery.* March 23rd, p. 305.

BRAKE.—*Case of Allarton's Operation.* Med. Times and Gaz., Aug. 17th, p. 160.

The stone was so large that it had to be broken before it could be extracted. The patient made a good recovery.

HOLT, B.—*Stone in the Bladder; lithotripsy; subsequent lithotomy by the median operation; removal of ninety (twenty?) seven small calculi.* Lancet, Aug. 17th, p. 156.

These calculi were contained in a small pouch immediately behind the prostate.

ERICHSEN.—*Twenty-one Calculi removed from a Man's Bladder by the median operation of Lithotomy.* Lancet, June 8th, p. 563.

Erichsen used a rectangular staff, which was more readily felt through the rectum and perineum than a curved one.

WHALEY.—*Case of Lithotomy.* Philadelphia Med. and Surg. Rep., May 11th, p. 133.

Here the bilateral incision was adopted; the diameter of the stone was one inch and two fifths, and its composition oxalate of lime.

VAN BUREN, W. H.—*Successful case of Lateral Lithotomy.* Amer. Med. Times, March 16th, p. 178.

A child. The neck of the bladder was divided with a probe-pointed knife.

GROSS.—*Stone in the Bladder; Operation of Lithotomy for its removal.* Philadelphia Med. and Surg. Rep., April 6th, p. 15.

POST, A. C.—*Mulberry Calculus; lithotomy.* Amer. Med. Times, Feb. 2nd, p. 81.

The bilateral operation was performed in this case. This stone weighed fifteen grains.

WAKLEY, J.—*Calculus in the Bladder of a Male Child; lithotomy; rapid recovery.* Lancet, April 13th, p. 340.

KENDAL and HUMPHREY.—*Two cases of Stone in the Female.* Med. Times and Gaz., May 25th, p. 551.

STUBBS.—*Dilatation and division of the Female Urethra upwards, and extraction of a Stone.* Med. Times and Gaz., May 4th, p. 471.

COCKLE, Dr.—*Large Encysted Urinary Calculus in a Primipara, probably inducing Premature Labour; craniotomy; death by metrorrhagia.* Lancet, Sept. 7th, 229.

HUTCHINSON.—*Statistical Report on Lithotripsy performed in Provincial Hospitals during year 1860.* Med. Times and Gaz., May 25th, p. 548.

BOWEN, E.—*A case of Foreign Body in the Male Bladder.* Med. Times and Gaz., Dec. 21st, p. 636.

A gutta-percha bougie which came away piecemeal through an incision made as in the lateral operation for stone.

BARNES.—*Female Catheter in the Bladder; retroversion of the Uterus.* Med. Times and Gaz., Oct. 26th, p. 434.

For the removal of the catheter, which was five and a half inches long, the division of the anterior two thirds of the urethra with the knife in an outward and downward direction towards the left side was necessary.

HOLT.—*Stone in the Bladder of a Female Child; lithectomy; recovery.* Lancet, April 13th, 361.

THOMPSON, H.—*Removal of a mass of Sealing-wax from the Bladder by median lithotomy; recovery.* Lancet, April 20th, p. 385.

A man, set. 23, was accustomed to pass a bougie, formed by himself of sealing-wax. On one occasion from two to three inches broke off, and slipped into the bladder. A fortnight afterwards micturition became frequent and painful, and the urine got thick and ropy. Some

time after this, when he came under Thompson's care, the urethra was found filled with chalky fragments. Each piece had a reddish inside, and rough, phosphatic coat. A foreign body was detected in the bladder with the sound, but precise information of its size and character could not be obtained, in consequence of the absence of an audible sound and the extreme irritability of the organ. A quantity of softish, gritty, tenacious material was removed by median lithotomy, evidently consisting of the sealing-wax mingled with phosphates.

**HERVE, H. P.**—*Three cases of Catheter broken in the Bladder, and removed by the Lithotrite.* Brit. Med. Journ., July 20th, p. 59.

**THOMPSON, H.**—*Recently observed facts relative to the Pathology of the Prostate.* Brit. Med. Journ., June 22nd, p. 653; 29th, p. 681; July 6th, p. 4; 13th, p. 29.

Thompson shows, from an analysis of a large number of cases, that hypertrophy of this organ exists in about 34 per cent. of men at and above sixty years of age, and that it produces marked symptoms in about 15 or 16 per cent., but that under favorable hygienic conditions and careful medical supervision it does not necessarily shorten life.

He had never seen hypertrophy at so early a period as fifty years of age, and considers that enlargement before this age is unquestionably due to chronic inflammation. Cancerous tumours are extremely rare, but benign ones very common. Simple tumours are most commonly found in the lateral lobes. They are either imbedded in the substance of the gland, the tissue of which they resemble, or lie just beneath its capsule, or are outlying. They are generally, but not always, associated with hypertrophy of the organ. It is important to know that they may encroach upon the urethra and obstruct the flow of urine, without the presence of enlargement being detectable by rectal exploration. Out-growths stand between isolated tumours and general hypertrophy; the typical example is the so-called enlarged "middle lobe."

He recognises six forms of atrophy:—(1) The atrophy of exhausting general disease. (2) The atrophy of old age. (3) The atrophy caused by pressure. (4) The atrophy caused by disease in the prostate itself. (5) The congenital atrophy.

Chronic inflammation, whether uncomplicated or secondary to disease of the bladder or urethra, is of frequent occurrence. When there is tenderness of the prostate and pretty constant pain in the perineum, Thompson blisters the perineum.

#### *Calculi and Foreign Bodies introduced into the Urethra.*

**ROSS, J. J.**—*Cases of Calculus in the Urethra.* Dublin Hosp. Gaz., May 1st, p. 129.

**TATUM.**—*Calculus in the Urethra of a Male Child; successful removal.* Lancet, April 13th, p. 861.

**WAKLEY, J.**—*Calculus impacted in the Urethra of a Female Infant, causing retention of urine.* Lancet, April 13th, p. 340.

**PANCOAST.**—*Removal of a small Calculus from the Urethra.* Philadelphia Med. and Surg. Rep., March 23rd, p. 685.

- HUNT, J. W.—*Eight Calculi removed from the Urethra of a Boy five years old.* Amer. Med. Times, Feb. 23rd, p. 129.
- JACKSON.—*Urethral Calculus.* Boston Med. and Surg. Journ., July 4th, p. 471.
- STUBBS.—*Foreign Body introduced into the Urethra and removed eighteen months afterwards by incision in the Perinæum.* Med. Times and Gaz., May 4th, p. 471.
- SEGALAS.—*Removal of a Hair-pin from the Urethra.* Bull. de l'Acad., t. xxv, p. 52. Schmidt, vol. 109, No. 4, p. 72.

*Affections of the Urethra.*

- HUTCHINSON.—*Statistical Report of Operations for Stricture,* 1860. Med. Times and Gaz., June 15th, p. 629.
- VAN BUREN.—*Lectures on Stricture of the Urethra, preliminary to the clinical course on disease of the genito-urinary organs.* Amer. Med. Times, Jan. 5th, p. 1.
- LYMAN, H. M.—*Two cases of Laceration of the Urethra.* June 15th, p. 385.  
Both fatal, from extravasation of urine.
- LAWRENCE.—*Extravasation of Urine in a Child; free incisions; recovery.* Med. Times and Gaz., Jan. 26th, p. 89.
- HUNTER, J.—*On Irritation of the Urethra in Females, its description and treatment.* Lancet, May 18th, p. 481.  
A report of three cases of this affection, in one of which the urethra was observed to be red and congested. Hunter's treatment consisted in restricting his patients to the recumbent posture, and the topical application of nitrate of silver, and dilute nitrate of mercury ointments.
- PEMBURTON, O.—*On Traumatic Destruction of the Urethra, and its relief by a suitable apparatus in the Perinæum.* Lancet, March 16th, p. 258.  
A boy, abt. 16, at work in a rolling mill, was struck by a red-hot rod of iron, which pierced the left side of the scrotum, outside the cord and testis, and passed backwards obliquely towards the right, traversing the urethra at the bulb, and ending at the ascending ramus of the ischium. The catheter could not be introduced, and the vesical part of the urethra could not be found by dissection in the perinæum. He recovered, with several fistulæ in the perinæum. Subsequent attempts to find the vesical part of the urethra having also failed, the bladder was punctured with a double-edged scalpel through the perinæum and prostate, and a female catheter was fixed in the bladder. This was finally replaced by short, straight, double catheter, with a stopcock.
- BARTON, Dr.—*Case of Stricture of the Urethra; disease of the bladder and kidneys.* Dublin Hosp. Gaz., Feb. 1st, p. 37.
- MASON WARREN, J.—*On Perineal Section.* Amer. Journal of Med. Sc., April, p. 371.  
A critique on Bryant's paper on this subject, published in the 'Guy's

Hospital Reports.' Warren recommends the operation in cases of callous stricture, causing retention of urine, where Bryant advises puncture of the rectum as the only proper treatment.

**GAY, J.**—*On Incisions for Stricture compared with Dilatation.* Brit. Med. Journ., June 8th, p. 603.

The author does not attach a high value to incisions in the treatment of strictures of the urethra; he considers the knife to be only exceptionally necessary, and gradual and methodical dilatation with the catheter most satisfactory.

**FERGUSSON.**—*Probable Obliteration of the Urethra after Injury; forcible catheterism.* Med. Times and Gaz., June 29th, p. 676.

**PANCOAST.**—*Organic Stricture of the Urethra cured by Division; Circoscele in the same patient; operation for radical cure of by subcutaneous ligation; remarks.* Philadelphia Med. and Surg. Rep., Feb. 23rd, p. 566.

**PANCOAST.**—*Stricture of the Urethra, with Varicose Enlargement of the Corpus Pampiniforme.* Philadelphia Med. and Surg. Rep., March 9th, p. 619.

This stricture, just in front of the bulb, was treated by internal urethrotomy.

**PANCOAST.**—*Case of Organic Stricture of the Urethra.* Philadelphia Med. and Surg. Rep., March 16th, p. 646.

Internal urethrotomy. Three days after this operation the patient passed water in a larger stream, but a catgut bougie could not be passed beyond the obstruction.

**THOMPSON, H.**—*Stricture of the Urethra of twenty-two years' standing; perineal section; cure; death from disease of the liver two years later; post-mortem examination of the parts.* Med. Times and Gaz., Feb. 16th, p. 173.

In the axis of the urethra there was a fine line, but no puckering, no scar, no narrowing.

**HULKE, J. W.**—*Case of old Stricture of the Urethra, divided through the Perineum; three years afterwards an abscess in the scar, burst by a blow; urinary fistula; nearly complete obliteration of the urethra for three quarters of an inch; operation for the re-establishment of the canal; successful result.* Med. Times and Gaz., Feb. 23rd, p. 200.

**HOLT, B.**—*On the immediate Treatment of Stricture of the Urethra.* Med. Times and Gaz., Oct. 19th, p. 397.

General remarks on stricture, together with an illustrated description of the author's dilator, and the indications for its use.

**JACKSON, V.**—*Cases of Stricture of the Urethra.* Brit. Med. Journ., Oct. 19th, p. 405.

**BRYANT.**—*Five cases of Perineal Operations on the Urethra.* March 23rd, p. 303.

**Case 1.**—Contusion of the perineum; haemorrhage from the urethra;

subsequent extravasation of urine; catheterism impossible; perineal incision; recovery.

Case 2.—Fracture of the pelvis, and laceration of the urethra; catheterism impracticable; perineal incision; death from other injuries.

Case 3.—Indurated stricture of the urethra anterior to the scrotum; internal urethrotomy; recovery.

Case 4.—Stricture and extravasation of urine; free incisions; recovery; subsequent contraction of the stricture; perineal section; recovery.

Case 5.—Retention of urine in a boy; difficult catheterism; abscess in the perineum; perineal section; recovery.

**HEATH, C.**—*Cases illustrating the treatment of Stricture of the Urethra by sudden and forcible dilatation.* Lancet, Aug. 31st, p. 203.

Four cases of urethral stricture split with Holt's dilator. All did well.

**ARNOTT, Dr. J.**—*On Incision of Stricture of the Urethra.* Med. Times and Gaz., Sept. 14th, p. 264.

General observations on this practice, to which are added some remarks on the author's urethrotome and the mode of using it.

**THOMPSON, H.**—*Treatment of three cases of so-called Impermeable Stricture of the Urethra.* Lancet, Aug. 24th, p. 183.

All these cases were treated by "tying in" the catheter.

**HILTON.**—*Stricture of the Urethra; retention of urine; puncture of the bladder by the rectum.* Med. Times and Gaz., March 16th, p. 277.

**CAMBELL DE MORGAN.**—*Clinical Lecture on the use of Potassa Fusa in the treatment of Stricture of the Urethra.* Brit. Med. Journ., March 2nd, p. 217.

**CURLING.**—*Stricture of the Female Urethra, caused by an injury in Childbirth; cured by dilatation.* Lancet, Feb. 23rd, p. 188.

**POLLOCK.**—*Tumour near the Meatus Urinarius of a Female; removal.* Lancet, Aug. 24th, p. 183.

A stalked, fibro-plastic growth from the areolar tissue surrounding the urethra; it was removed by ligature.

#### *Penis.*

**PANCOAST.**—*Phimosis; operation by rupture of the Mucous Membrane.* Philadelphia Med. and Surg. Rep., Feb. 2nd, p. 477.

Where the glans can be uncovered to some extent, but the prepuce cannot be brought back to the corona, Pancoast draws the foreskin forward over the glans, getting sufficient room to introduce a pair of dressing forceps, one blade on each side of the glans, inserted between it and the mucous membrane of the prepuce; this (the forceps) is to be pushed back, then opened, and drawn out open, thereby rupturing the mucous membrane. The tension being overcome, the prepuce is freed, and can be drawn back.

**LEE, H.**—*Amputation of the Penis with the Écraseur.* Lancet, Aug. 31st, p. 208.

The stump is said not to have bled, yet a few vessels were tied as a precaution against future haemorrhage.

#### *Scrotum.*

KIMBALL, G.—*Large, fatty Tumour removed from the Scrotum.* Boston Med. and Surg. Journ., Oct. 17th, p. 222.

It was composed of several lobules of pure fat, and weighed two pounds.

FERGUSSON.—*Elephantiasis of the Scrotum, of the size of an adult's head, and weighing six pounds; successful removal.* Lancet, Sept. 28th, p. 294.

#### *Testis.*

VAN BUREN, Prof. W. H.—*Concealed Testis removed from the Inguinal Canal.* Amer. Med. Times, March 16th, p. 178.

The right testis lay in the lower part of the inguinal canal, and could be pushed down through the external ring; it was about one third of the size of the left testis, and the seat of paroxysmal neuralgic pain rendering the patient, &c. 20, miserable. Van Buren removed it; the tunica vaginalis was closed at the internal ring, and did not extend into the scrotum.

ZEIS, Dr. ED.—*Remarks on Abnormal Descent of the Testicle.* Langenbeck's Archiv f. Klin. Chir., vol. ii, part i, p. 81.

This paper contains the description of a case of descent of the testis into the perineum, and is illustrated by a plate.

JORDAN, F.—*A case of Tubercular Orchitis, with indications of Hereditary Syphilis; castration; recovery; comments.* Med. Times and Gaz., June 22nd, p. 646.

LEE, H.—*Varicocele.* Brit. Med. Journ., Dec. 7th, p. 602.

Lee recommends subcutaneous division of the veins with a narrow knife at a point above and below which they have been secured with a needle and twisted thread. A drawing is given of a case where the varicocele was associated with a very pendulous state of the testis. For this Lee cut out a wedge-like piece of the scrotum and veins between the twisted sutures.

LEE, H.—*radical cure of Varicocele.* Lancet, June 22nd, p. 611.

The dilated veins were compressed at two points with twisted sutures; the intermediate portion of the vessels, with the skin, was then removed in a wedge-shaped piece, by transfixion with a narrow blade, and cutting outwards. The wound thus made was closed by approximating the two needles.

DAVIES, R.—*On the radical cure of Varicocele.* Lancet, July 20th, p. 61.

Unable to disengage a double loop of wire which he had placed

around the veins ten days previously, he cut the ends of the loops short off, and allowed the skin to heal over them.

PANCOAST.—*Hydrocele; tapping; clinical remarks.* Philadelphia Med. and Surg. Rep., Feb. 16th, p. 534.

CRITCHETT.—*Inguino-scoral Tumour of right side.* Brit. Med. Journ., Oct. 5th, p. 351.

COLLIS, M.—*Case of Hæmorrhagic Fibrinous Tumour of the Testis.* Dublin Hosp. Gaz., March 1st, p. 67.

A section of this tumour shortly after removal showed a number of cysts filled with lymph and coagula; the latter seemed to be the result of small hæmorrhages into the substance of the testis.

SYME. J.—*Abdominal Hydrocele.* Brit. Med. Journ., Aug. 10th, p. 139.

A boy, æt. 4, was brought to Syme labouring under what appeared to be incarcerated, if not strangulated, inguinal hernia. A bandage had been worn between two and three years. The scrotal swelling suddenly enlarged, and the belly became distended. There was some constipation. The abdominal swelling, though large and tense, left a small space, in which the intestines possessed their natural laxity, and from this Syme diagnosed a hydrocele. Dividing the scrotal tissues layer by layer, he found that the fluid was in the cord, and not in the tunica vaginalis testis. The abdominal part of the tumour did not immediately empty itself, but after two or three days drained off, at first clear, but afterwards turbid with lymph.

ROCHARD, Dr. J.—*On Hæmatoceles of the Tunica Vaginalis, which have ascended through the Inguinal Canal into the cavity of the Abdomen.* L'Union, 101, 1860. Schmidt's Jahrb., vol. III, No. 8, p. 194.

A detailed account of a case of this kind. The scrotal portion of the tumour was oval, and reached downwards to the lower third of the thigh; it communicated by a cylindrical prolongation in the course of the inguinal canal, with a second swelling within the cavity of the belly. This reached upwards to the navel, stretched to the right across the middle line, and lost itself in the bottom of the left iliac fossa. The patient, æt. 51, had, six years before, had a clap and swollen testicle; he also had an inguinal rupture of the same side. The hæmatocoele began suddenly, and was of nine months' duration. The treatment consisted in repeated tapping and injections of iodine.

IRVINE, Dr. H.—*Case of Medullary Carcinoma of the Testis.* Dublin Hosp. Gaz., Jan. 15th, p. 21.

BRYANT.—*Medullary Cancer of the Testicle of remarkably rapid growth; amputation; recovery from the operation.* Lancet, Aug. 10th, p. 134.

The tumour is said, in sixteen weeks, to have grown to the size of a newly born infant's head. The cord appeared to be free from disease. The patient recovered from the operation.

PANCOAST.—*Clinical remarks on Encephaloid Cancer of the Testicle, with a case.* Delivered at the Pennsylvania Hospital, Jan. 19th, 1861. Philadelphia Med. and Surg. Rep., Feb. 2nd, p. 467.  
The écraseur was used to divide the cord.

WARD, ST.—*Cancer of the Testicle; excision; death from Cancer in the Lumbar Glands, &c., five years afterwards.* Med. Times and Gaz., Jan. 19th, p. 62.

## TUMOURS.

HUTCHINSON.—*Statistical report of cases of Operation for the removal of Fatty Tumours.* Med. Times and Gaz., June 15th, p. 629.

HUTCHINSON.—*Statistical report of Operations for the removal of Malignant Tumours performed in provincial hospitals, 1860.* Med. Times and Gaz., June 1st, p. 575.

HUTCHINSON.—*Operations performed for the removal of Non-malignant Growths.* Med. Times and Gaz., June 1st, p. 576.

HUTCHINSON.—*Operations for removal of Tumours of the Breast.* Ib.

WIBLIN, J.—*On a case of extensive Hypertrophy and Ulceration of the Cellular Tissue of the right lower Extremity, complicated with Ankylosis of the Knee- and Ankle-joints; amputation of the thigh as high up as the trochanter minor; rapid recovery.* Lancet, May 18th, p. 481.

THOMPSON, H.—*Elephantiasis of the Foot and Ankle; amputation.* Med. Times and Gaz., Jan. 19th, p. 63.

FINNELL.—*Erectile Gluteal Tumour.* Amer. Med. Times, May 11th, p. 304.

NEUMAN, Dr. E.—*Contribution to the study of the Cavernous Tumours.* Virchow's Archiv f. Path. Phys. und Anat., vol. xxi, part 3; second series, vol. i, part 3, p. 280.

Remarks on the histology of a partly fibrous, partly cavernous, nasopharyngeal polypus.

PRICE, P. C.—*On the Surgical Treatment of certain forms of superficially situated Vascular Tumours, known as Nævi, Aneurisms from Anastomosis; Erectile Tumours.* London Med. Rev., July, p. 21; Aug., p. 63.

The author uses the term nævus to designate every kind of vascular growth which is a more or less distinct variety of aneurism from anastomosis. He arranges nævi in three classes—the capillary, the arterial, and the venous.

FERGUSSON.—*Fibrous Tumour over the Parotid; removal; recovery.* Med. Times and Gaz., Dec. 7th, p. 581.

PANCOAST.—*Removal of an Anomalous Tumour from the Side.* Philadelphia Med. and Surg. Rep., April 20th, p. 64.

This tumour weighed several pounds, and reached nearly from the spine to the linea alba; from the description, it was probably of the

fibro-cellular kind. The immense wound was covered and filled with wheat-bran, which was renewed when it became soaked with pus.

NOTTA.—*Fungus of the Sheaths of the Tendons of the M. Adductor Longus and Extensor Pollicis Brevis.* Gaz. des Hôp., 134, 1860. Schmidt's Jahrb., vol. 111, No. 8, p. 195.  
A fibro-cellular tumour.

VIX, Dr. E.—*Occurrence of Multiple Sarcoma, and their bearing on the Intestinal Wall.* Langenbeck's Archiv für Klin. Chir., vol. ii, parts 1 and 2, p. 103.

BIRKETT, J.—*Contributions to the Practical Surgery of New Growths or Tumours.* Series IV. *Cysts* (continued). Guy's Hosp. Rep., p. 332.  
Practical remarks on cases of cysts in the glandular and non-glandular organs.

HEWETT, P.—*Removal of Sebaceous Tumours from the Scalp, followed by diffuse cellular inflammation, erysipelas of the face, and diphtheritic inflammation of the pharynx; fatal result.* Lancet, Feb. 9th, p. 136.

JACKSON, A. R.—*Hydrocele of the Neck, and its treatment by Excision, with two cases.* Amer. Journ. of Med. Sc., Jan., p. 101.

The author regards it as an established fact, that these watery cysts are formed by an expansion of the natural spaces of the areolar tissue, and by the retention within them of an excess of the fluid which they normally contain. He describes their structure, progress, and development, the symptoms, etiology, diagnosis, and prognosis. He discards tapping, in consequence of the danger of serous infiltration of the cellular tissue which attends it. Mild injections produce no effect on the walls of an old cyst, and very stimulating ones cause alarming spasm. The seton ranks next to excision, which the author considers the best mode of treatment.

BRYANT.—*Cyst in the Thyroid Gland cured by the Injection of Tincture of Iodine.* Lancet, Feb. 9th, p. 137.

MCCRATH, J.—*Melanotic? Encysted Tumour simulating Bronchocele.* Med. Times and Gaz., Dec. 7th, p. 577.

M'WHINNIE, A. M.—*Observations on Bronchocele, and notes relating to the surgical anatomy of the Larynx and Trachea.* Lancet, July 13th, p. 30; Aug. 3rd, p. 107.

HAWKES, J.—*On Enlargement of the Thyroid Gland, with Proptosis, &c.* Lancet, Aug. 10th, p. 130.

Hawkes traces these associated morbid conditions to a derangement of the ganglionic nervous, and vascular systems.

COULON.—*Tumour in the region of the Coccyx.* Gaz. Heb., viii, 3, 1861. Schmidt's Jahrb., vol. 112, No. 11, p. 199.

A congenital cyst attached to the tip of the coccyx, but not communicating with the spinal canal.

- HENRY, M.—*True Hydatid Cysts developed in the left breast of a woman who, when a child, was subject to tapeworm; removal.* Lancet, Nov. 23rd, p. 497.
- RICHARDSON, B. W.—*Clinical Lecture on Cystic-sarcoma of the Female Breast.* Dublin Med. Press, Nov. 6th, p. 321.
- GOWLAND.—*Cystic Tumour of the right Breast in a Male; successful removal.* Lancet, Nov. 23rd, p. 498.
- BRYANT.—*Very large Cysto-sarcomatous Tumour of the Breast; successful removal.* Lancet, Aug. 3rd, p. 14.
- ERICHSEN.—*Hæmatoma situated over the Symphysis Pubis, attributed to pressure.* Lancet, July 20th, p. 62.

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MOORE.—*Rare form of Fibro-muscular Subclavicular Tumour.* Lancet, March 16th, p. 264.

Externally this tumour deceptively resembled a medullary cancer, but on removal it proved to be a fibrinous infiltration of the pectoralis major muscle. The patient, a woman, about forty years old, had been struck on this part four months previously.

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CASSY, Dr. J.—*A Contribution to the History of more or less general simple Hypertrophy of Lymphatic Glands, without Leukæmia.* Echo. Méd., No. 14, July, p. 353.

PRICE, P. C.—*Scrofulous Diseases of the External Lymphatic Glands.* Brit. Med. Journ., Jan. 19th, p. 59. Continued from p. 915 of volume for 1860; Feb. 9th, p. 141; March 9th, p. 250; 23rd, p. 194; April 6th, p. 358.

SKEY, CURLING, HUTCHINSON.—*Cases of enlarged Lymphatic Glands.* Med. Times and Gaz., Aug. 3rd, p. 109.

SKEY.—*Successful removal of a mass of enlarged Lymphatic Glands from the Axilla.* Lancet, Aug. 17th, p. 159.

CURLING.—*Enlargement of the Glands in the Axilla; partial diminution by the use of iodine.* Lancet, Aug. 17th, p. 160.

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HOLTHOUSE.—*Tumour beneath the lower Jaw; successful removal.* Lancet, Aug. 31st, p. 207.

Apparently an enlarged lymphatic gland.

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PRICE, P. C.—*On Scrofulous Diseases of the external Lymphatic Glands, their nature, variety, and treatment.* 8vo, London, John Churchill.

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LÜCKE, Dr. A.—*On Atheromatous Cysts of the Lymphatic Glands.* Archiv für Chir., vol. i, part 2, p. 357. Berlin, 1861.

The deep situation of the atheromatous cysts of the neck, and their frequent connexion with the sheath of the large vessels, led the author to suspect some other than a tegumentary origin; and the discovery of a structure identical with that of lymphatic glands in the walls of an atheromatous cyst which had been removed from the neck by Professor Langenbeck ('Archiv f. Chir.', vol. i, part 1, p. 16) has convinced him of the glandular origin of those atheromatous cysts in the neck which are developed in the neighbourhood of the great vessels.

SKEY.—*Treatment of Housemaid's Knee by the Thread Seton.* Lancet, April 27th, p. 409.

Skey applies the seton to all forms of the housemaid's knee; he thinks it best suited to the hard and indurated bursæ. The accession of inflammation is made known by a little redness around the entrance of the thread, and the swelling either subsides altogether or, what is more common, an abscess forms, which is opened, and the cavity becomes obliterated.

MORTON.—*Cases of Excision of Bursæ.* Glasgow Med. Journ., No. xxxiv, July, p. 91.

NELATON.—*On Partial Extirpation and some other palliative measures in the treatment of Incurable Cancer.* Journ. de Méd. et de Chir., vol. xxxii, Oct., part 10, p. 447. Art. 6098.

A report of three cases in which Nelaton advantageously removed, with the écraseur, large portions of cancerous tumours, the total extirpation of which was impossible, which, by their size and on account of the fetid ichor oozing from their ulcerated surfaces, occasioned extreme distress. The surgeon should be provided with perchloride of iron and cauteries wherewith to stay the free bleeding when he uses the knife in cases of this kind; when the écraseur is used, however, styptics are rarely necessary. Topically, Nelaton employs a belladonna pomade, with or without the addition of iodide of lead.

COLLIS, H. M.—*On Cancer.* 8vo, Dublin, Fannin and Co. Pamphlet, 1s. 6d.

PANCOAST.—*Cases of Cancer, with remarks.* Philadelphia Med. and Surg. Rep., March 2nd, p. 591.

MOORE.—*Development of a Cyst in front of a Scirrhouus Tumour of the Breast; removal, together with diseased Axillary Glands.* Lancet, April 20th, p. 387.

PARKER.—*Cancer of the Mammary Glands.* Philadelphia Med. and Surg. Rep., Dec. 29th, 1860, p. 339.

SMITH, H. H.—*Three cases of Carcinoma of the Female Breast.* Philadelphia Med. and Surg. Rep., Dec. 29th, 1860.

GROSS.—*Rapidly recurring Cancer of the Breast; eighteen operations in the course of three years and a half; thirty-four Tumours removed.* Ib., p. 337.

MACNAMARA, Prof. R.—*Case of reproductive Encysted Tumour.* Dublin Hosp. Gaz., Jan. 15th, p. 19.

PANCOAST.—*Encephaloid Cancer of the Mammary Gland; operations for its removal.* Philadelphia Med. and Surg. Rep., Jan. 26th, p. 451.

PANCOAST.—*Scirrhouus Cancer of the Breast; removal; post-mortem.* Philadelphia Med. and Surg. Rep., March 9th, p. 619.

MOORE.—*Scirrhouus Cancer of the Male Breast; excision; recovery.* Lancet, Aug. 3rd, p. 110.

FERGUSSON.—*Scirrhouus Cancer of the Male Breast; excision.* Ib., p. 111.

WORMALD.—*Scirrhouus Cancer of the Male Breast; refusal to submit to an operation.* Ib.

LIDDERDALE, J.—*Cancer of the Male Breast.* Lancet, Aug. 17th, p. 167.

A scirrhouus tumour of the size of an orange, and of thirteen months' growth. The axillary glands were not enlarged, and there was no cachexy.

BRYANT.—*Medullary Cancer of the right Breast, forming a large Tumour; successful excision.* Lancet, Nov. 23rd, p. 497.

POLLOCK.—*Medullary Cancer of the right Breast, within which was developed a large Cyst; excision; recovery.* Ib., p. 498.

MARSDEN.—*Scirrhouus Tumour of the Female Breast of six months' duration; successful removal.* Ib.

FERGUSSON.—*Medullary Tumour of Cheek in an Infant aged three months.* Med. Times and Gaz., Dec. 7th, p. 581.

SMITH, H. H.—*Medullary Cancer of the left Temporal Region and of the Eye; palliative treatment.* Philadelphia Med. and Surg. Rep., Dec. 29th, 1860, p. 337.

PANCOAST.—*Case of Encephaloid Cancer of the Head; death; autopsy.* Philadelphia Med. and Surg. Rep., April 6th, p. 6.

A child, æt. 5. The growth began in the temporal fossa, caused absorption of the bone, and encroached on the brain.

SALVA, E.—*On Cancerous Tumours in the Neck.* Gaz. de Paris, 6, 1861. Schmidt's Jahrb., vol. III, No. 7, p. 75.

EDWARDS, A. M.—*Congenital Cancer of the Arm.* Edin. Med. Journ., July, p. 85.

HEWSON.—*Malignant Tumour of the Thigh simulating an Aneurism; ligature of the external iliac artery; death; autopsy.* Med. Times and Gaz., Sept. 14th, p. 273.

ERICHSEN.—*Encephaloid Cancerous Tumour, of the size of an adult's head, developed within the sheath of the sartorius muscle, successfully removed.* Lancet, March 23rd, p. 287.

COOK.—*Malignant Tumour of the upper part of the Tibia, supposed to be Medullary Cancer; amputation through the Thigh.* Lancet, March 23rd, p. 289.

HANCOCK.—*Large Malignant Tumour of the Scapula; removal with the greater part of the bone; fatal result from Cancer of the Lungs.* Lancet, Sept. 14th, p. 253.

FERGUSSON.—*Melanotic Tumour of the left Arm, growing from the Cicatrix of a Mole, eradicated by caustics.* Lancet, March 16th, p. 262.

BIRKETT.—*Melanotic Tumour of the Thigh; removal, followed by cicatrization of the wound.* Ib., p. 263.

HEWETT, PRESCOTT.—*Sequel to a case of Recurrent Melanosis of both Groins and Back; the disease reappearing in the brain, heart, pancreas, liver, and other organs.* Ib.

HEWETT, PRESCOTT.—*Melanosis of the Labium and Glands of the Groin and Pubes.* Ib., p. 264.

HUTCHINSON.—*Clinical Report on Epithelial Cancer.* Med. Times and Gaz., Jan. 19th, p. 60.

This embraces tabular statements of fifteen cases of epithelial cancer on various parts of the trunk and limbs ; of seven cases occurring on the forehead or temple ; of twenty cases of operations for primary, and of three cases of operations of recurrent, epithelial cancer of the lip.

MACMURDO.—*Cancer in a Cicatrix left by Lupus.* Ib., p. 61.  
A warty, cauliflower-like growth.

HUMPHREY.—*Four cases of Epithelial Cancer occurring in Cicatrices.* Ib., p. 62.

Of these, Case 2 was "epithelial cancer in a cicatrix of sixteen years' duration. Disease of femur. Amputation at the hip-joint. Recovery. No return of the disease five years afterwards."

DEMARQUAY.—*Extirpation of the Parotid Gland for Epithelioma.* Gaz. des Hôp., 147, 1860. Schmidt's Jahrb., vol. 112, No. 10, p. 77.

GROSS.—*Epithelial Cancer of the Lip.* Philadelphia Med. and Surg. Rep., Jan. 26th, p. 453.

STANLEY, COCK, HUMPHREY.—*Five cases of Epithelial Cancer.* Med. Times and Gaz., May 18th, p. 523.

HILTON.—*Epithelial Cancer involving the whole of the lower Lip; excision; formation of a new lip.* Med. Times and Gaz., March 30th, p. 330.

HUTCHINSON.—*Tubular statement of forty-four cases of Soot Cancer.* Med. Times and Gaz., Jan. 26th, p. 87.

VOLKMAN, Dr. R.—*On Atheromatoid and Puriform Softening of entire Cancroid Tumors.* Langenbeck's Archiv für Klin. Chir., vol. ii, parts 1 and 2, 9, 295.

FEORS.—*Epithelioma of the Lip.* Philadelphia Med. and Surg. Rep., April 6th, p. 14.

BULLEY, F. A.—*Cancer of the Face following Epithelial Cancer of the Lip, which had been removed, and returned five times.* Med. Times and Gaz., Sept. 7th, p. 239.

BECK.—*Extirpation of an ossified Enchondromatous Tumour, of the size of a child's head, of the right shoulder-blade.* Deutsche Klin., 1860, No. 50. Canstatt's Jahrb., vol. v, p. 244.

LANNAY.—*Enchondroma of the Parotid Region in the stage of Softening.* Gaz. des Hôp., 47. Schmidt's Jahrb., vol. 112, No. 10, p. 78.

This seems to have been an outgrowth from the cartilage of the auditory meatus.

HARGRAVE, Dr.—*Enchondromatous Tumour on the Dorsum of the Left Hand.* Dublin Med. Press, July 6th, p. 91.

A globular, cartilaginous tumour, of sixteen years' growth, three inches in circumference, attached to the third metacarpal bone.

THOMPSON, H.—*Colloid Disease of the Mammary Gland, and a Fatty Tumour on the Shoulder; successful removal.* Lancet, May 11th, p. 461.

FERGUSSON, W.—*Large Colloid Tumour on the left side of the Back,*

*simulating a Fatty Growth; successful removal.* Lancet, May 11, p. 459.

A large-stalked tumour hanging from the left side of the spine over the lowest ribs. Its greatest circumference was twenty-seven inches. No skin was removed, and the operation was done without chloroform, by the patient's desire.

ERICHSEN.—*Keloid occurring in the Cicatrix of a Burn.* Lancet, Aug. 10th, p. 135.

FERGUSSON.—*Large, recurrent, Fibroid Tumour, situated above the left Breast; successful removal.* Lancet, Nov. 20th, p. 496.

HULKE, J. W.—*Removal of a recurrent Fibroid Tumour from the front of the Leg.* Med. Times and Gaz., Sept. 20, p. 321.

BLASIUS, Dr. E.—*On recurrent Neuroma.* Langenbeck's Archiv f. Klin. Chir., vol. ii, parts 1 and 2, p. 188.

## SYPHILIS AND GONORRHEA.

KUSMATT, A.—*An investigation of Constitutional Mercurialism, and its relation to Constitutional Syphilis.* 8vo, p. 433. Würzburg. 1861.

The author, by a comparison of the symptoms produced by mercury in persons engaged in manufactures in which this mineral is used with the symptoms produced by constitutional syphilis, proves the essential distinctness of these cachexiae.

LEE, H.—*Syphilitic Inoculation, and its relation to diagnosis and treatment.* Med.-Chir. Trans., vol. xliv, p. 227.

LEE, H.—*A Clinical Lecture on Syphilis.* Brit. Med. Jour., April 20th, p. 407; May 18th, p. 543; June 1st, 571.

Lymphatic absorption.

HUTCHINSON, J.—*Is inherited Syphilis protective against subsequent Contagion?* Brit. Med. J., Sept. 21st, p. 307.

From three cases which Hutchinson had attentively watched, he inclines to the belief that, if severe, inherited syphilis is protective against subsequent contagion, and that its subjects are not liable to contract the indurated form of chancre.

MAUNDER, C. F.—*Is inherited Syphilis protective against subsequent Contagion?* Brit. Med. Journ., Oct. 5th, p. 353.

The author is disposed to answer this question in the affirmative.

HAMMOND, W. A.—*A course of Lectures on Chancroid.* Amer. Med. Times, July 6th, p. 1; 13th, p. 17; 20th, p. 33.

Lecture I contains the history of syphilis, and a description of the soft chancre; Lecture II, the treatment of soft chancre; Lecture III, treatment of phagedæna and buboes from soft chancres.

COOKE, T. W.—*On the relative influence of Nature and Rest in the cure of Syphilis.* London, 1861.

CLEMENTS, B. A.—*Communication of Secondary Syphilis; transmission of infection from a secondary sore.* Amer. Journal of the Med. Sc., July, p. 40.

VIENNOIS, A.—*On the transference of Syphilis in Vaccination.* Archiv. Gén., 3 séér., xv, p. 641; xvi, pp. 32, 297; June, July, Sept., 1860. Schmidt's Jahrb., vol. 109, No. 1, p. 50.

From the retrospect of the cases which have been recorded since the commencement of the present century the author tries to show that in numerous instances syphilis has been observed to follow vaccination. That vaccination of a healthy person with lymph unmixed with blood, taken from a person with syphilis, is productive of the vaccine pustule only, but that if blood be mixed with the lymph then both vaccine and syphilis are communicated. An artificial mixture of vaccine lymph with chancre pus produces the same results as the mixture of lymph and syphilitic blood.

LANGLEBERT.—*Chancre produced by the transfer of forms of Secondary Syphilis.* Gaz. des Hôp., 85, 94, 1860. Schmidt's Jahrb., vol. 109, No. 1, p. 51.

AGNEW, H.—*Tertiary Syphilis.* Philadelphia Med. and Surg. Rep., Jan. 5th, p. 367.

DIXON.—*Primary Syphilitic Ulcer of the lower Eyelid; treatment by mercurials; recovery.* Medical Times and Gaz., May 4th, p. 471.

ADAMS.—*Chancre on the lower Lip; constitutional symptoms.* Med. Times and Gaz., May 11th, p. 495.

WORMALD and COOTE.—*Primary Syphilitic Sore of the upper Lip; enlarged gland under the angle of the jaw; recovery under the use of mercury.* Med. Times and Gaz., May 4th, p. 470.

COOTE.—*Chancre on the Lip of a Girl, with sublingual Bubo.* Lancet, March 23rd, p. 288.

Two thirds of the upper lip were occupied by an excavated ulcer, with a hard base and true syphilitic aspect. Conjointly with the ulcer a swelling appeared beneath the lower jaw, on the right side, which, March 16th, fluctuated and contained pus. There was also a second lesser swelling on the left side of the jaw. The reporter considered these genuine syphilitic buboes, but added that no venereal history could be obtained from either the patient or her mother.

ADAMS and MAUNDER.—*Three cases of Indurated Chancre of the Lip.* Lancet, Nov. 16th, p. 475.

GUÉRIN, A.—*Practical Remarks on the Treatment of Bubo.* Bull. Gén. de Thérapeutique, June. Echo. Méd., No. 18, Sept., p. 641.

Guérin tells us that inflammatory or virulent bubo may be cured without suppuration, which it is never too late to prevent. His treatment consists in the application of blisters *coup sur coup*.

LANZE, Dr.—*Chromic Acid for pointed Fig-warts and Warts.* Deutsche Klin., 32, 1860. Schmidt's Jahrb., vol. 109, No. 1, p. 41.

Lanze applied chromic acid to pointed fig-warts in thirty-two women,

twenty of whom were at the same time affected with primary syphilis or broad condylomata. A solution of 3*iiiss* to 3*ss* of water was of little service; in no instance was a single application of it successful, but a stronger solution, of 3*vss* of chromic acid to 3*ss* of water, was used in nine cases with success.

**HASSING,** Prof.—*Gonorrhœa in Women, with especial reference to observations made in the General Hospital in Copenhagen in 1856.* Behrend's Syphilidologie, 11, 3, 1860. Schmidt's Jahrb., vol. 110, No. 5, p. 185.

Hassing recognises the essence of gonorrhœa in its specific secretion and contagiousness, and by these would distinguish it from all other secretions of the vaginal and urethral mucous membranes which depend on simple mechanical or chemical irritation. The signs by which it is to be distinguished are not given.

The following forms are described:—(1) Gonorrhœa of the urethra. (2) Gonorrhœa of the vulva, with gonorrhœa of the sinus Bartholinianus, and gonorrhœa of the anus. (3) Vaginal gonorrhœa. (4) Uterine gonorrhœa.

The treatment is simple, and essentially the same in all forms of gonorrhœa. Perfect cleanliness, baths, washing, and injections, quiet, and the horizontal posture, are enjoined. Except in urethral gonorrhœa, balsams are useless. As local applications, Hassing uses lead and alum solutions and solid nitrate of silver.

**DAUVE,** P.—*The Treatment of Clap with small doses of Balsams, and the injection of basic saltpetre, oxide of bismuth.* Bull. de Thér., lix, p. 299, October, 1860. Schmidt's Jahrb., vol. 110, No. 5, p. 183.

A thick cream, made with thirty grmm. of bismuth, was injected into the urethra, and retained there during five minutes. Two grmm. of copaiba balsam and two grmm. of powdered cubeb were taken morning and night. The average duration of treatment in eleven cases at Valence was nine days, and in nineteen cases at Versailles fourteen days.

**DIDAY,** P.—*On Blennorrhœa of the Mucous Follicles of the Male Urethra.* Gaz. Hebdo., vii, 45, 1860. Schmidt's Jahrb., vol. 110, No. 5, p. 183.

The gonorrhœal inflammation of one of these follicles considerably protracts the duration of a gonorrhœa, and may furnish a new focus of contagion. Diday obliterates the inflamed follicle by passing a needle as far as possible into it, shielding the glans penis with a piece of paper, and holding the free end of the needle in the flame of a candle. A slight hissing shows that the cauterization is sufficient.

**BERRUTI,** L.—*The Treatment of Orchitis Blennorrhagica.* Gaz. Sarda, 36, 37, 38, 1860; and Mühlig, Gaz. d'Orient, iv, 8, 1861. Schmidt's Jahrb., vol. 110, No. 5, p. 184.

Berruti reviews Dr. Timmerman's proposed treatment of this affection with ice-cold lead wash. From the observation of many cases treated in this way, Timmerman concludes that ice-cold applications do not induce diseases in other parts of the body (ophthalmia, parotitis,

arthritis,) as has been feared, and that they are the more efficient the earlier they are used. They are, however, useless where there is hardening of the epididymis and cord. Dr. Sella, intrusted by the Academy with the examination of Timmerman's statements, reported favorably.

MILES, H. C.—*On the cure of Gonorrhœa by Blisters.* Lancet, June 22nd, p. 605.

Miles places a blister, six inches by four, "very high up towards the front and inner aspect of each thigh." A cure is said to be effected in seven days.

#### OPHTHALMIC SURGERY.

HASNER.—*Clinical Lectures on the Treatment of Eye-disease.* 1st division. *Diseases of the Sclera and of the Eyeball; concerning spectacles and Ophthalmoscopy.* Prague, 1860.

RUETE.—*Pictorial representation of the Diseases of the Human Eye.* With coloured copper-plates, and numerous woodcuts printed in the text. Complete in nine parts. Folio, Leipzig, 1860.

WEDL.—*Atlas of the Pathological Histology of the Eye.* 1st part. Leipzig, 1860.

PINKUS.—*On Light-polarizing Spectacles.* Königsb. Med. Jahrb., iii, 1, p. 37, 1861. Schmidt's Jahrb., vol. 112, No. 11, p. 209.

GIRAUD-TEULON.—*A Binocular Ophthalmoscope.* Annal. d'Ocul., xlv, p. 233. Mai et Juin, 1861.

With this instrument the observer gets a stereoscopic view of the fundus oculi.

BECKER, Dr. O.—*On Perception of a Reflex Image in one's own Eye.* Wien. Wohnschr., 42, 1860. Schmidt's Jahrb., vol. 111, No. 8, p. 202.

WILDE.—*An Essay upon the Malformations and Congenital Diseases of the Organs of Sight.* Dublin Quart. Jour., Feb. 1, p. 50 (continued from vol. vii, p. 289).

This contains a very full description of malformations of the lens and capsule, illustrated by several well-executed woodcuts.

LAURENCE, J. L.—*The Utrecht School of Ophthalmic Surgery.* Med. Times and Gaz., Jan. 26th, p. 85.

This communication (continued from p. 635, 1860,) comprises—(1) The method of applying eye-drops. (2) Trachoma. (3) Treatment of lachrymal obstructions. (4) Iris-operations. (5) Extraction of cataract. A woodcut of Snellen's entropion forceps is given.

WILDE, W. R.—*Aphorisms and observations upon certain Diseases of the Organs of Sight.* Med. Times and Gaz., July 16th, p. 169. Eye-drops.

WILDE.—*Aphorisms.* Med. Times and Gaz., April 13th, p. 382.

Ointments, belladonna. March 23rd, p. 300.—Vapours, stimulating liniments, ointments and pomades, salves.

#### *The Orbit.*

SYME.—*Case of Pulsating Tumour of the Orbit, cured by ligature of the common Carotid Artery; with remarks.* Edin. Med. Journ., June, p. 1065.

Perhaps a diffuse aneurism.

WYATT, J.—*Cystic Tumour of the Orbit connected with disease of the Orbital Plate of the Frontal Bone, communicating with the Frontal Sinus.* Med. Times and Gaz., March 16th, p. 275.

#### *The Eyelids.*

HESSE, ANT.—*On operations for Trichiasis in Chronic Conjunctivitis with contraction.* Oesterr. Ztschr. f. prakt. Heilk., vi, 38, 1861. Schmidt, vol. 109, No. 4, p. 80.

In Jäger's clinic, where Hesser is junior surgeon, it is an accepted principle not to operate for the entropion, because the result of this is not lasting, but to excise the eyelashes with their bulbs.

DAUSCHER, HERM.—*A case of Cysto-sarcoma of the Upper Eyelid.* Allg. Wien. Med. Ztg., 30, 1860. Schmidt's Jahrb., vol. 109, No. 3, p. 331.

DEBROW.—*Proceeding for the prevention of Ectropion after Malignant Pustule.* Gaz. des Hôp., 133, 1860. Schmidt's Jahrb., vol. 111, Nov. 7th, p. 81.

This consists in stitching the edges of the eyelids to each other and keeping them united during the cicatrization of the wound left by the detachment of the eschar.

SICHEL, J.—*On Sarcomatous Ectropium.* Bull. de Thér., lviii, p. 533, June, 1860. Schmidt's Jahrb., vol. 109, No. 3, p. 331.

According to Sichel, besides the common form, in which the whole palpebral conjunctiva is thickened, there is another, essentially distinct. This is caused by an exudation under the epithelium into the tissue of the conjunctiva, and is due to chronic inflammation. It forms a more or less prominent, hard, dark-red fold, which occupies the whole length of the lower eyelid, or is limited to a portion of it. By its weight it pushes the lid outwards. Excision effects a radical cure.

WILLIAMS, J.—*A new and effectual Cure for Entropion and Trichiasis.* Dublin Hosp. Gaz., January 15th, p. 18.

This consists in puncturing the edge of the eyelid, to the depth of one eighth of an inch, along the course of the faulty hair, with a fine needle or small knife dipped in liquid caustic potash. The pain is trifling, and may be instantly removed by brushing the lid with cold water. The lashes are to be removed on the second or third day with a

forceps; they are pulled out without difficulty, and are never reproduced. Unless the whole row of lashes is to be removed, no inflammation follows.

*Conjunctiva.*

FRANCE, J. F.—*On Syphilitic Blotch of the Conjunctiva.* Guy's Hosp. Rep., vol. vii, p. 109.

A description of three cases of discolouration of the conjunctiva occurring in persons affected with constitutional syphilis, with five coloured illustrations. The coppery mucous membrane is slightly thickened and raised; its vascularity is scarcely, if at all, increased.

FROEBELINS.—*Pterygium Sarcomatosum Superius of the right Eye, with complete overgrowth of the Cornea; cure by dissecting it away, and subsequently abrading the Cornea.* Med. Ztg. Aussl., 20, 1860. Schmidt's Jahrb., vol. 109, No. 3, p. 331.

*The Lachrymal Apparatus.*

MACDONALD, J. E.—*Modification of Bowman's operation for the cure of Obstruction of the Lachrymal Duct.* Amer. Med. T., Nov. 17th, 1860.

Macdonald slits up the canaliculus with a blunt-pointed, narrow, and slightly curved bistoury, the blade of which is about three quarters of an inch long, the heel about three sixteenths of an inch broad, and which tapers to a fine, blunted point, slightly probe-shaped.

SOLomon, J. V.—*Note on a sequela of Infantile Purulent Ophthalmia, and a cause of Epiphora not previously noticed.* Brit. Med. Jour., Jan. 26th, p. 89.

The author has discovered that the continuance or reappearance of the purulent secretion, after the conjunctiva of the lids has recovered completely, or to a great extent, its tone, depends on the extension of the suppurative inflammation to the tear-sac. This is also one cause of epiphora.

*Cornea.*

JUST, O. H., Dr., Jun.—*Case of Malacia of the Cornea.* Oesterr. Ztschr. f. prakt. Heilk., vi, 44, 1860. Schmidt's Jahrb., vol. 109, No. 3, p. 333.

HESSER, DR. ANTON.—*Cases of Vesicular Corneitis.* Wien., Ztschr., N. F. iii, 21, 1860. Schmidt's Jahrb., vol. 109, No. 3, p. 333.

HILDIGE, J. G.—*Remarks on fixing the Eye during the operation for Cataract.* Dublin Hosp. Gaz., Nov. 15th, p. 337.

A review of the different instruments which have been invented for this purpose.

TURNBULL, L.—*Lecture on the Crystalline Lens, and its diseases.* Philadelphia Med. and Surg. Rep., Oct. 27th, 1861, p. 79; Jan. 19th, p. 411.

HUTCHINSON.—*Report on cases of Diabetic Cataract.* Med. Times and Gaz., March 16th, p. 249.

FRANCE, J. F.—*Case of Diabetic Cataract.* Guy's Hosp. Reports, vol. vii.

Here linear extraction was followed by intractable inflammation.

WORDSWORTH, J. C.—*On a case of Penetrating Ulcer of the Cornea, producing a fistulous opening into the anterior chamber and partial collapse of the globe, cured by Iridectomy.* Lancet, Oct. 5th, p. 328.

*Operations on and Diseases of the Interior of the Eye.*

CORNUTY, L.—*On Paracentesis of the Eye.* Annales d'Oculist, xliv, p. 61. Aout et Sept., 1860.

Twenty-two cases where the eye was tapped, all successful ones, are reported by the author, who recommends tapping in—(1) glaucoma; (2) hydro-capsulitis; (3) corneal affections; (4) iritis; (5) hypopion; (6) hydrophthalmia, conical cornea, partial staphylomata of cornea and sclerotic; (7) phlegmonous inflammation of the globe. Sperino, from whose hospital practice the cases were taken, uses a small, double-edged knife, slightly curved on the flat and hollow along the middle on one side. He punctures the margin of the cornea and regulates the escape of the aqueous humour by the introduction of a small whalebone probe.

BLODIG, C.—*Aconite in Inflammation of the Eye.* Wien. Ztschr., N. F. iii, 43, 1860. Schmidt's Jahrb., vol. 109, No. 2, p. 218.

According to Schroff's experiments, aconite produces considerable and prolonged dilatation of the pupil and slowness of the pulse and breathing, as well as increased secretion of urine. Blodig, with ten-drop doses of the tincture, obtained excellent results in cases of ophthalmitis and iritis.

BÜHRLEN, Dr.—*On Ophthalmia Intermittens.* Würtemb. Corr.-Bl., 37, 1860. Schmidt's Jahrb., vol. 109, No. 3, p. 332.

Bührlen, from his observations made during the extensive spread of intermittent fever in 1860, describes the following forms of the above affection:

(1) That vascular excitement of the eye which accompanies the ordinary neuralgia of the first branch of the nervus trigeminus. It often disappears before the complete cessation of the pain, and the eye remains free till the next attack.

(2) Simultaneously with a malarious neuralgia of the trigeminus there is a corresponding injection of the eye, which does not disappear during the intermissions, and is aggravated with the returning pain.

(3) Inflammation of the eye is present, and during its course a rudimentary or complete intermittent fever is developed. An irritable state of the eye seems to increase the susceptibility of a person disposed to maluria.

FLEMING.—*On Acute Ophthalmia.* London, 1861.

JAGO, J.—*Ophthalmoscopic Muscae Volitantes in a very Myopic Eye.* Med. Times and Gaz., May 4th, p. 465.

HILDIGE, J. G.—*Case of Encysted Abscess in the Vitreous Humour.* Med. Times and Gaz., May 4th, p. 468.

LAURENCE, J. Z.—*Traumatic Ophthalmitis; Abscess in the Vitreous Chamber; detachment of the Retina; removal of the Eyeball.* Brit. Med. Journ., July 26th, p. 87.

BUMSTEAD, Dr. F. J.—*Glaucoma; Hancock's operation for the division of the Ciliary Muscle; result successful.* Amer. Med. Times, April 6th, 1861.

Sight had been lost for several years; the operation relieved the pain.

DIXON.—*Acute Glaucoma of the right Eye; iridectomy. Acute Glaucoma in the left Eye; iridectomy. Restoration of perfect sight in both eyes.* Med. Times and Gaz., March 16th, p. 275.

NUNNELEY, THOS.—*Remarks on Iridectomy; with a description of a new method of operating for Glaucoma.* Lancet, July 19th, p. 55.

The author thinks that the true position of iridectomy has not yet been determined. He punctures the sclerotic coat with the point of a sharp, thin knife, not less than one eighth of an inch behind its junction with the cornea, and carries it on to about the same extent through the cornea, making altogether an incision about one third of an inch long. The outer margin of the iris is divided. Sometimes the iris bulges through the section. The result in about twenty cases was in favour of this operation.

WORDSWORTH, J. C.—*Case of Laceration of the Retina produced by a blow on the Eye from the cork of a ginger-beer bottle.* Brit. Med. Jour., Nov. 9th, p. 490.

HUTCHINSON.—*Report on Syphilitic Inflammations of the Retina, Choroid, and Vitreous Body.* Med. Times and Gaz., Sept. 14th, p. 269.

HILDIGE, J. G.—*Case of Exudation into the Retina in Diabetes.* Dublin Hosp. Gaz., Dec. 1st, p. 355.

BEGBIE, J. W.—*On partial and complete Loss of Sight in Diabetes; with a notice of two cases of Diabetic Cataract.* Edin. Med. Journ., June, p. 1105.

NOYES, H. D.—*On Loss of Sight from effusions under the Retina.* Amer. Journal of Med. Sc., Jan., p. 91.

HILDIGE, J. G.—*Case of Snow-blindness.* Dublin Hosp. Gaz., Feb. 1st, p. 35.

BUSINELLI.—*Two cases of Amaurosis, with temporary swelling and prominence of the Optic Nerve Disc.* Spitals-Ztg., 17, 19, 1860. Schmidt's Jahrb., vol. 109, No. 3, p. 324.

This is an inflammatory change in the optic nerve, consequent upon and produced by some brain affection.

*Accommodation.*

WELLS, J. S.—*Practical hints on the Accommodation of the Eye, its anomalies, and their treatment.* Lancet, April 20th, p. 414.

WELLS, J. S.—*Practical hints on the Accommodation of the Eye, its Anomalies, and their treatment.* Med. Times and Gaz., April 13th, p. 385; May 11th, p. 490.

HULME, E. C.—*Case of Iridemia Totalis.* Med.-Chir. Trans., vol. xliv, p. 273.

RETSIN.—*Temporary Presbyopia with Makropia and Mikropia, during an Intermittent Fever, in a child.* Gaz. des Hôp., 137, 1860. Schmidt's Jahrb., vol. 109, No. 2, p. 218.

A lively and intelligent child, eleven years old, in the last stage of an intermittent fever, was frightened by seeing objects eight times their natural size. At the expiration of five minutes this was followed by a diminution, until the objects became almost microscopically minute, and appeared to be situated at a great distance. During the makropia the pupil was contracted, and during the mikropia dilated.

GOSSELIN.—*Two cases of Spontaneous Mydriasis in both Eyes.* Bull. de l'Acad., xxv, p. 1094, Sept., 1860. Schmidt's Jahrb., vol. 109, No. 2, p. 219.

LAWSON, G.—*Four cases of temporary Paralysis of the Ciliary Muscle of the Eye; perfect recovery.* Lancet, May 11th, p. 459.

SOLOMON, J. V.—*An experimental inquiry into the value of Incision of the Ciliary Muscle in the treatment of certain diseases of the Eye and disorders of its accommodation.* Med. Times and Gaz., July 19th, p. 54.

The author describes the structure and relations of this muscle, his mode of dividing it, the absence of danger, and the after-treatment. The effects of its division on the accommodation of the eye are illustrated by cases.

KUGEL, L.—*On the causes of the different sizes of the Pupil in different (degrees of) Intra-ocular Pressure.* Wien. Ztschr., N. F. iii, 27, 1860.) Schmidt's Jahrb., vol. iii, No. 8, p. 202.

LIZÉ, A. D.—*On the different forms of Paralysis of the Oculo-motor Nerve.* L'Union Méd., 59, 60, 1860. Schmidt's Jahrb., vol. 109, No. 4, p. 80.

HÖRING, Dr.—*Cases from the class of Motor Disorders of the Eye.* Würtemb. Corr.-Bl., 8, 1860. Schmidt's Jahrb., vol. 109, No. 4, p. 80.

HUTCHINSON, J.—*Clinical Lecture on Paralysis of the Muscles of the Eye.* Delivered at the London Hospital. Brit. Med. Journ., Jan 26th, p. 81.

## ORTHOPÆDIC SURGERY.

ADAMS, WM.—*Lectures on the Pathology and Treatment of Lateral and*

- other forms of Curvature of the Spine.* Med. Times and Gaz., Aug. 31st, p. 211, and following numbers.
- HUGHES, R.—*On Diseases and Deformities of the Spine, Chest, and Limbs.* Part I. *Disease of the Spine causing posterior angular projection, abscess, and paralysis.* London, John Churchill, 1861, pp. 40.
- ELLIOTT, W. A.—*On Contraction of the Palmar Fascia, and its mode of treatment.* Dublin Med. Press, Feb. 13th, p. 101.  
Practical comments on two cases treated by division of the contracted fascia (in one instance subcutaneously), and subsequent extension with a machine. The paper is illustrated with six woodcuts.
- COOTE, H.—*The Treatment of Deformities.* Lancet, Jan. 12th, p. 25, and following numbers.  
A course of clinical lectures on chronic diseases of the bones and joints, chiefly in relation to the treatment of deformities.
- PANCOAST.—*Deformity of the lower Extremities—one leg crossing the other; operation for its relief by division of the tendons of the pectenii muscles.* Philadelphia Med. and Surg. Rep., Jan. 26th, p. 451.
- BARTON, J. K.—*Observations on the Treatment of Deformities resulting from severe Burns.* Dublin Quart. Journ., No. lxiii, Aug. 1st, p. 1.
- BROWN, J. H.—*Remarkable case of acquired Deformity; treatment; (successful) result.* Amer. Med. Times, March 23rd, p. 193.  
A girl, æt. 13, with lateral curvature of the spine, which was almost a semicircle, thighs at a right angle with the pelvis, and legs at acute angles with the thighs. By tenotomy and methodical extension these distortions were overcome, and the child could stand erect without crutch or cane, and walk without artificial aid.
- MOTT, A. B.—*Two cases of Tenotomy for the relief of the deformity caused by Ankylosis of the Knee-joint.* Amer. Med. Times, July 13th, p. 25.
- BAUER, Dr. L.—*Case of double Genu-valgum, or Knock-knee.* Philadelphia Med. and Surg. Rep., Oct. 12th, p. 37.
- BROWN, J. B.—*Case of Talipes Varus Duplex Congenitus.* Philadelphia Med. and Surg. Rep., April 6th, p. 7.
- ROSER, WM.—*The Treatment of Flat-foot,* Archiv d. Heilk., 1, 6, p. 481, 1860. Schmidt's Jahrb., vol. 109, No. 4, p. 78.  
Roser has obtained great success in the treatment of that form of flat-foot which is so common in errand- and school-boys. With the aid of chloroform the foot is adducted, and kept for some time in this position by a plaster of Paris bandage.
- PANCOAST.—*Two cases of Club-foot; division of the soleus muscle in one case, of the soleus and anterior tibial tendon in the other.* Philadelphia Med. and Surg. Rep., April 6th, p. 12.

## DENTAL SURGERY.

VASEY, C.—*On the supposed Influence of the Cementum in sustaining the vitality of transplanted Teeth.* Lancet, June 8th, p. 557.

The author refers at some length to John Hunter's experiments of transplanting human teeth into the combs of cocks, and to Owen's account of the structure of the cementum in growing teeth. He is convinced that successful transplantation depends on the presence of two formative organs—the internal or dental pulp, and the external or cemental pulp; and that in all cases where these are not present, or in which ossification is nearly complete, successful results are not to be anticipated. He thinks that, were the cementum able to support the vitality of a tooth, necrosis would not so frequently follow a slight injury, and shows that a change of position may be slowly effected by continuous traction, without the tooth perishing.

TOFOHE, A.—*On Exostosis (of the Teeth).* Communications of the Central Union of the German Dentists. Part 1, 1860.

VOLKMAN, Dr. R.—*The Odontology of Harelip.* Langenbeck's Archiv f. Klin. Chir., vol. ii, parts 1 and 2, p. 288.

GABRETTSON, J. E.—*Odontocele and some kindred lesions.* Philadelphia Med. and Surg. Rep., May 4th, p. 106.—*Alveolar Abscess.* Ib., May 18th, p. 155.

GABRETTSON, J. E.—*Anomalies of Dentition, and their surgical relations.* Ib., May 11th, p. 127.—*Trismus.* June 1st, p. 197.

## AURAL SURGERY.

BONNAFONT, J. B.—*Theoretical and Practical Treatise on Diseases of the Ear and the Organs of Hearing.* 1 vol. 8vo, of 665 pages, with 22 cuts intercalated in the text. Paris, 1860, J. B. Baillière and Son.

VOLTOLINI.—*Anatomical and Pathologico-anatomical Examinations of the Auditory Organ, with five dissections.* Virchow's Archiv, vol. xviii, 1860. Canstatt's Jahrb., vol. iii, p. 113.

MEINÈRE, P.—*On Auscultation as a diagnostic auxillary measure in Diseases of the Auditory Organ.* Gaz. Méd. de Paris, 22, 1860. Canstatt's Jahrb., vol. iii, p. 115.

TOYNBEE, J.—*Clinical Observations on Injuries to the External Auditory Meatus.* Brit. Med. Journ., March 16th, p. 271.

SMITH, S. E.—*Diagnoses of Aural Disease.* 8vo, with a plate and 22 woodcuts. London, 1861, Baillière, 3s. 6d.

STILLÉ.—*Fibro-plastic Tumours of the Ear-lobes.* Proceedings of the Path. Soc. of Philadelphia. Amer. Journ. of Med. Soc., Jan., p. 143.

HULKE, J. W.—*Blood-cyst in Cartilage of External Ear.* Med. Times and Gaz., Nov. 30th, p. 555.

FERGUSSON, W.—*Tumour growing from the left Auricle, giving rise to haemorrhage; successful removal.* Lancet, April 20th, p. 386.

A stalked, fibro-plastic tumour, of the size of a chestnut, the surface of which was ulcerated, and had bled on one occasion very freely.

TOYNBEE, J.—*Sebaceous Tumours in the External Auditory Meatus, their effects upon the organ of hearing, the petrous bone, and brain, with suggestions as to their treatment.* Med.-Chir. Trans., vol. xliv, p. 51.

According to the author's investigations, these tumours are not connected with the hair-follicles, and occur most frequently in the innermost part of the meatus. They cause absorption of the bone, and vary in size from a millet-seed to a hazel-nut. They commonly attain a large size without causing pain, and often the attention of the surgeon is first called to them on account of the deafness produced by occlusion of the meatus, or in consequence of fetid discharge, or symptoms of cerebral irritation which too often end in death. Pressure with a probe will readily distinguish them from osseous growths, for which alone they are likely to be mistaken. The proper treatment consists in their complete extirpation. Particulars are given of several cases of these tumours, and the post-mortem appearances are illustrated by drawings.

SEMELEDER.—*Catheterism of the Eustachian Tube, and Rhinoscopy.* Oesterr. Zeitschrift f. prakt. Heilk., No. 21, 1860. [Canstatt's Jahrb., vol. iii, p. 117.]

Semeleder says that the introduction of a catheter into the trumpet-orifice of the Eustachian tube has its difficulties, and that the instrument often gets astray into Rosenmuller's pit; this may now be avoided by using the rhinoscope, a reflecting apparatus with which the operator illuminates the pharynx and sees what he is doing.

RE P O R T  
ON  
MIDWIFERY AND THE DISEASES OF WOMEN  
AND CHILDREN.

BY

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PART I.—MIDWIFERY.

WORKS, PAPERS, ETC., RELATING GENERALLY TO MIDWIFERY.

OBSTETRICAL TRANSACTIONS.—*Transactions of the Obstetrical Society of London*, vol. ii, for the year 1860, with a List of Officers, Fellows, &c. 8vo, London, Longmans, 1861, p. 368. One plate and numerous woodcuts.

Abstracts of the various papers and essays contained in this volume appeared in the 'Year Book' for 1860.

SWAYNE, Dr. J. G.—*Obstetric Aphorisms; for the use of students commencing Midwifery Practice.* 2nd edit. London, Churchill, 1861, p. 130.

This work contains brief and practical instructions to the student concerning the management of ordinary labour, and directions as to what to do in extraordinary cases.

ERAM, PAUL.—*Practical Considerations on Midwifery in the East.* Paris, 1860, pp. 431.

MARSH, J. C. LORY.—*Instructions to Mothers and Nurses in the Lying-in Chamber.* Pamphlet. London, Davies, 1861, pp. 22.

ELLIOT, Dr. GEORGE T.—*Difficult Obstetric Cases.* Amer. Med. Times, Feb., March, April, &c., 1861.

The author relates in brief terms the particulars of a very large number of difficult cases in obstetric practice.

LEE, Dr. ROBERT.—*Clinical Midwifery*.—Med. Times and Gaz., July 20th, Aug. 17th, Nov. 2nd, Nov. 9th, 1861, pp. 54, 156, 451, 474.

This is a continuation of the series (Cases 679 to 741 inclusive) of "consultation" cases published in the same journal, reference to which will be found in 'Year Book' for 1859 and 1860.

LUMPE.—*Cases in Obstetric Practice*. Oesterr. Ztsch. f. prakt. Heilk., vi, 43, 1860. Schmidt, vol. 109, p. 310.

A case of eclampsia, of pregnancy combined with medullary cancer of the vagina, a case of twins, and a case of uterine fibroid with amenorrhoea.

COPEMAN, Dr.—*Rare Cases in Midwifery*. Brit. Med. Journ., Nov. 9th, 1861, p. 495.

The first was a case of œdema from pressure impeding delivery; the second a case of occlusion of the os uteri, in which an opening was made by scraping by the finger-nail; the third case was one of obstructed labour from congenital hydrocephalus.

#### GENERAL ANATOMY AND PHYSIOLOGY OF MOTHER AND FETUS.

LITZMANN.—*The forms of the Pelvis, especially of the narrow Female Pelvis; together with an appendix on Osteo-malakia*. 4to, Berl., 1861.

This is an account of the variations presented by the female pelvis as regards measurement, &c., based on a very extended series of investigations, and illustrated by drawings. The author examined 1000 women at the lying-in institutions of Kiel, and found that in 14 per cent. of these there was what might be termed a narrow pelvis present. The results of the measurements made are given in full detail. The causes of the variations observed are systematically discussed. The author classifies the various forms observed under a number of heads. Thus we have the flat pelvis, characterised by narrowing of conjugate diameter, and of which there are two forms, the simple flat pelvis and the rickety flat pelvis. An extreme case, the generally narrowed, flat pelvis, forms a third subdivision. The next basis of division is contraction in the transverse diameter, the sacrum being narrow, and in bad cases inseparably connected with the adjoining bones. Next we have the obliquely distorted pelvis, due to lateral spinal curvatures, excessive use of one leg, from whatever cause, or originating at a more early period in defective development of one side of the sacrum. Lastly, the "compressed" form of pelvis is described. (Respecting the appendix on "osteo-malakia," see p. 336.)

NIVET.—*On the Functions of the Placenta*. Gaz. Hebd., 1861, 5. Schmidt, vol. 112, p. 51.

BRAUN, Prof.—*On Superfœtation*. Wien. Ztschrift., 6, 1860. Schmidt, vol. 109, p. 54.

Braun believes that the hypothesis of superfœtation is not tenable in face of the results of careful examination of the parts of the ovum. A case is related bearing on this question.

WILSON, Dr. J. G.—*Case of early Maternity, with remarks.* Ed. Med. Journ., Oct., 1861, p. 332.

The age of the patient was thirteen years and six months. Delivery took place at the full time. The labour only occupied three hours.

HÜTER.—*Observations on the Fœtal Pulse.* Mon. f. Geb., Nov., 1861. Report of meeting of German naturalists, &c. (Obstetric section), at Spires, 1861.

The author finds the fœtal pulse increased in frequency under certain circumstances. He associates this change in the frequency of the pulse with—(1) Febrile condition of the mother, e.g. in a case of lung tuberculosis, in a case of pleuritis, in a case of severe metro-peritonitis, in a case of pneumonia, in a fifth case where there was no evident cause for the febrile condition. He counted thirteen, fourteen, and fifteen beats of the fœtal pulse in five seconds—a method of counting he has found very convenient. (The normal ratio is stated as eleven beats in five seconds in 83 per cent. of all cases, as twelve beats in 10 per cent., and ten beats in 7 per cent.) He never found a feverish condition of the mother without corresponding fœtal pulse acceleration. (2) Diseases of the fœtus, as in cases of intra-uterine smallpox, of which instances are recorded by Hohl and Depaul. (3) Protracted labour, a cause of fœtal pulse acceleration. Thus, in three cases, owing to deformity of pelvis, the children were born dead. Here the frequency of the fœtal pulse depends on asphyxia of child inducing respiratory movements, and these respiratory movements, only partially effectual, creating acceleration of the heart-beat.

RAVN.—*On the duration of Pregnancy.* Copenhagen, 1856. Canst., vol. iv, p. 415.

After examining the various theories which have been broached on the subject of the cause of labour, the author concludes that it depends on impressions, direct or reflex, on the nerves. The irritation probably proceeds from the whole ovum, the movements of the child being insufficient to account for it.

PAJOT.—*Pelvimeter.* Gaz. des Hôp., Jan. 8th, 1861.

EARLE, Dr.—*New Pelvimeter.* Obst. Trans., vol. iii.

It consists of a pair of curved blades seven inches long, ending in two small bulbs, and kept in apposition by a steel spring placed between the handles. Fixed to one of the handles is a steel plate, engraved as an index. By compressing the handles the blades are separated, and made to touch the sacrum and pelvis respectively. On the index externally is expressed the extent of the separation of the arms internally.

BYFORD, Dr.—*On Pelvic Measurements.* Amer. Med. Journ., Jan., 1861, p. 293.

The author uses Baudelocque's callipers. He measures, first, the thickness of the pelvis; then the thickness of the sacrum; thirdly, the thickness from pubis to sacrum externally; and obtains the diameter of the superior strait by subtracting the two first from the third measurement.

## MECHANISM OF DELIVERY.

DUNCAN, Dr. J. MATTHEWS.—*The obliquity of the Foetal Head in the mechanism of Parturition.* Ed. Med. Journ., Aug., 1861, p. 127, and Sept., p. 245.

The author's object is to show that the obliquity or lateral obliquity of the foetal head, when passing through the brim of the pelvis, described by Naegelé and others, does not exist in natural parturition; and that obliquity or lateral obliquity of the foetal head, when passing through the outlet of the pelvis, not described by Naegelé, does occur in natural labour. An extended observation has convinced him that the entry of the head is direct, the error combated having probably arisen from previous observers taking the position of the head *after* it has passed the brim for position *at* the brim. The doctrine enunciated is supported by an elaborate reasoning.

DUNCAN, Dr. J. MATTHEWS.—*On the Caput Succedaneum, the presentation, and their relations in cases where the head comes first.* Ed. Med. Journ., July, 1861, p. 8.

The author draws a distinction between the caput succedaneum of the former and of the latter part of labour. The term "presentation" he would define as "that point on the surface of the child's head through which the axis of the pelvis passes." Adopting this definition, the caput succedaneum may or may not correspond to the presentation. The relations of the two at different stages of labour are then discussed.

## UNUSUAL LOCALITY OF PREGNANCY.

ALBERS.—*Contribution to the History of Calcified Foetuses.* Mon. f. Geb., Jan., 1861, p. 42.

The essay refers to ten cases. In none was the pregnancy uterine or tubarian. Life was prolonged from seventeen to thirty-two years after the pregnancy. The pregnancy ended five times at the end of the ninth, and once each in the seventh, sixth, and fifth months respectively. The changes which took place in the foetus consisted in cretaceous metamorphosis and fatty degeneration. A great portion of the soft parts, and some of the hard parts, disappeared. Adhesions frequently took place between the surface of the foetus and adjacent parts.

REKTORZIK.—*Graviditas Extra-abdominalis.* Oesterr. Zt., 18, 1860. Schmidt, vol. 110, p. 192.

In this remarkable case a tumour appeared in the right inguinal region, which increased in size until it reached the knees. The foetal movements and other signs present made it evident that the tumour contained a foetus. The normal period of pregnancy having been a few days exceeded, the tumour was opened, and a live child extracted. The placenta was firmly adherent, and was left behind. The mother died the same day. The author believes this to have been a case of uterus unicornis.

the stunted cornu of which projected through the inguinal opening, and became pregnant and fixed in the sac of the hernia.

CHEESMAN, GEORGE.—*On a case of Extra-uterine Gestation, continuing, without suspicion of Pregnancy, to the full term.* Lancet, Sept. 14th, 1861, p. 250.

This was a case of tubal gestation. The patient was a woman aged forty, who had had four children; the last eleven years previously. The case had been treated as one of dropsy of the abdomen. Death took place at (probably) eleven months after conception. The foetus was found in a firm cyst, perfectly distinct from the uterus; the placenta was involved in a dilatation of the left Fallopian tube. The uterus was the size of a child's head; its walls  $2\frac{1}{2}$ " thick; its lining membrane presented a congested appearance, and the uterus was pushed down towards the right side of the pelvis. Fetid gas and a large quantity of grumous fluid were found in the abdomen. The foetus had apparently lived to the full term.

DAVIS, Dr. THOS.—*A case of Extra-uterine Foetation, of eight years and three months' standing, counting from the expected period of delivery; the foetus removed by operation.* Dublin Med. Press, Dec. 18th, 1861.

The foetus lay to the left side below the umbilicus. Here an abscess formed and burst, opening by two sinuses. The woman was much emaciated and hectic. Recovery followed the operation. The woman had been delivered of a healthy child, the dead child being still in the abdomen.

BIRNBAUM.—*On Abdominal Pregnancy, and especially on the Internal Hæmorrhages connected therewith; with cases.* Mon. f. Geb., Nov., 1861, p. 331.

Two cases are related, in which, death having occurred, the condition of the parts could be carefully examined.

WALTER.—*Cases of Extra-uterine Pregnancy.* (With drawings.) Mon. f. Geb., Sept., 1861, p. 171.

Three cases are related—(1) Primary ovarian pregnancy, secondary ventral pregnancy. (2) Case of abdominal pregnancy. (3) Graviditas extra-uterina? tubaria? or tubo-uterina?

HINK.—*Case of Pregnancy attended by extraordinary symptoms (cervical gestation).* L'Un. Méd., Jan., 1861.

ADAMS, JOHN.—*A Case of Gastrotomy for Extra-uterine Gestation.* Med.-Chir. Trans., vol. xliv, p. 1. (See Year Book for 1860, p. 341.)

LEVY, Prof.—*Extra-uterine Pregnancy, with adhesion of the sac to the intestine.* Bibliot. for Laeg., 1860, p. 316. Schmidt, vol. III, p. 321.

SIDEY, Dr.—*Case of Tubal Pregnancy.* Ed. Med. Journ., July, 1861, p. 88.

## ABNORMAL CONDITIONS OF THE PELVIS.

LITZMANN.—*On Osteo-malakia.* [This appendix to Litzmann's work on the female pelvis, translated by Dr. Matthews Duncan, will be found in Ed. Med. Journ., Nov. and Dec., 1861.]

The first part contains an account of osteo-malakia generally; the second, that of child-bearing women. Of 131 cases, 85 became ill during pregnancy or childbed. With the exception of four, all had already borne children before invasion of disease. The disease almost always began in the pelvis, and was frequently confined to this part. The lesion commences with characters of a local inflammatory irritation. All lowering influences appeared to favour its appearance—repeated pregnancy, nursing, low diet, &c. Influence of new pregnancies in already existing disease was unfavorable, as a rule. In fifteen cases the bones appeared to give way during labour. The results of and kind of labour in the cases in question are stated. In forty women the Cæsarean section was performed. The uterus was ruptured in seven women, one of whom had been before a subject of Cæsarean operation. The disease generally began with pains, chiefly situated in the sacrum and loins, or round the hips, but not confined thereto; these pains, not seldom very severe; the next symptom was usually alteration of the manner of locomotion with a tendency on the part of the patient to sit down. Cramps were less frequent. The stature was generally diminished, but later on in the progress of the disease; the extent of the same in bad cases was a foot or more. Respiration was affected when the thoracic bones were implicated. When the disease was established fever was noticed, but not before.

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BREISKY.—*On Osteo-malakia at Gummersbach.*—Prag. Viertel., 1861,  
2, p. 73.

The author paid a visit to Gummersbach to see Winckel's cases of osteo-malakia. He examined eight well-marked cases. The detailed results of these examinations are given. Two other cases, well marked, are also reported upon. The conclusions drawn are stated as follows:—Osteo-malakia affects women during the period of sexual vigour, primiparous rarely. Pains in the loins and extremities are the first symptoms, usually appearing during lying-in, and are not at first severe. The deformity in the pelvis is produced gradually. It becomes exacerbated after childbed, the deformity increasing after each labour. The patients are usually "fruitful." The position of the child is often changed; the walls of the uterus unusually thick. Pliability of the bones of the pelvis now and then, but by no means always, exists. In one case a woman was delivered naturally in whom extreme deformity existed. The cause of the great frequency of osteo-malakia in this place it was difficult to detect. It was the practice to suckle the children a very long time. The children were healthy. There was no white sediment in the urine, but the patients suffered frequently from diarrhoea and gastric disturbances. A characteristic sign of the disease is a difficulty in walking, especially in abducting the leg.

**SCHMITZ.**—*Case of Labour in a Woman affected with Osteo-malakia.*  
Scanz. Beit., vol. iv, p. 42.

During her fifth pregnancy a woman, who had had good labours previously, became affected with osteo-malakia of the pelvic bones to such a degree that the Cæsarean section, it was thought, would be necessary. Labour, however, set in; the pains were severe, and the child was forced through, the bones yielding to the pressure. The child was thus delivered (dead) naturally. The mother did well.

**CRUGER.**—*On the influence of the anterior Pelvic Wall on the Mechanism of Labour, especially in slight narrowing of the Pelvis.* Mon. f. Geb., Jan., 1861, p. 1.

#### ABNORMAL CONDITIONS OF THE UTERUS.

**SIMPSON, Prof.**—*On Cauliflower Excrescence of the Uterus during Pregnancy.* Ed. Med. Journ., Feb., 1861, p. 762.

In a patient, pregnant, the subject of this disease, labour was induced at the end of the eighth month. The patient died of puerperal phlebitis three days after, but the child was saved. The author considers the best treatment of such cases, when the diseased mass is very unyielding, is to incise the tumour at each side, in preference to craniotomy.

**KEATING, Dr.**—*Large interstitial, cancerous Tumour of the Impregnated Uterus, rendering Delivery impossible.* Am. Med. Journ., April, 1861, p. 405.

The patient died after being in labour nine days, attended with fearful sufferings. The nature of the obstruction was not diagnosticated during life. The Cæsarean section was not performed, because none of the conditions laid down by authorities as indicating that operation were ascertained to be present. The foetus was found in a state of decomposition; the os uteri, cartilaginous, hardly admitted two fingers; portions of vagina and uterus in a state of sphacelus. The lower globe of the uterus was found to be an immense interstitial, cancerous tumour, five and a half inches in transverse diameter, six and a half vertically. Craniotomy was attempted, but the narrowness of the os prevented its effectual performance. Dilatation of the os was also attempted, but could not be performed.

**DUBOIS and PAJOT.**—*On Rigidity of the Os Uteri during Labour.* Gaz. des Hôp., Feb. 16th, 1861.

Dubois recommends minute incisions in cases of labour impeded by the presence of spasmodic rigidity of the os uteri.

#### TUMOURS EXTERNAL TO UTERUS IMPEDING DELIVERY.

**SPÄTH, Prof.**—*Pedunculated Fibroid on the peritoneal surface of the Fundus Uteri.* Wien. Zt., 10, 1860. Schmidt, vol. iii, p. 57.

This is a highly interesting case. The patient, set. 38, became pregnant in April, 1859, and on January 29th, 1860, the pains of labour set in. The pelvis was found occupied by a hard, resisting mass, the size of a

child's head, the os uteri not to be felt. The uterus lay to the right, and contained a foetus, the head to the left, the back to the front. The right arm of the foetus could be felt from the vagina in the small space left behind the pubis. The upper surface of the round, hard tumour could be felt through the abdominal wall. Under chloroform strong pressure was made against the tumour from the vagina and rectum, and, finally, it was pushed up into the abdomen; the os was then found open, version effected, and a live child extracted. The patient died three days after, of puerperal fever. The tumour is believed to have been originally small, and to have increased greatly in size during pregnancy. After death it was the size of a child's head, somewhat elliptical in shape.

MAYER, L.—*Gradually increasing Pelvic narrowing, from the growth of a Fibrous Tumour attached to the first sacral and last lumbar Vertebrae; induction of artificial premature labour by Cohen's method.* Mon. f. Geb., Nov., 1861, p. 354.

OLSHAUSEN.—*Fibrous Tumour in the smaller Pelvis; artificial Premature Labour.* Mon. f. Geb., Nov., 1861, p. 362.

COCKLE, Dr.—*Large, encysted, Urinary Calculus in a Primipara, probably inducing Premature Labour; Craniotomy; death from Metro-peritonitis.* Lancet, Sept. 7th, 1861, p. 229.

#### TOO GREAT RAPIDITY OF LABOUR.

KUBY.—*On Precipitate Labour from a Medico-legal Point of View.* Mon. f. Geb., Nov., 1861. Report of meeting of German Naturalists, &c. (Obstetric section), at Spires, 1861.

Two cases are related in which labour took place very rapidly; in both cases the mothers were very young (18 and 15 $\frac{1}{2}$ ). In the first case the child was killed probably by falling on the edge of a vessel; in the second, the child was born whilst the mother was in bed, and was born with one pain. Professor Flecker stated, in reference to this subject, that twelve such cases had come under his observation; in three of these birth took place in the standing posture. Rarely had bad results followed; laceration of the funis and slight haemorrhage were the most common of these accidents.

#### PLURAL BIRTHS.

SPÄTH, Prof.—*On Twins.* Wien. Zt., 1860, 15, 16. Schmidt, vol. III, p. 314.

This is an essay containing the results of previous observations in regard to the diagnosis, the proportions of the sexes, the period of development, mortality, &c., in cases of twins.

#### UNNATURAL PRESENTATIONS.

VON HELLY.—*On Frontal Presentations.* Mediz. Jahrb. Wien. 1861, 5, p. 53.

Eight cases are related, in five of which the children were born alive,

in three dead. The labour was terminated by natural process in six cases, forceps used once, in one case craniotomy.

VEIT.—*On the varieties in the Position of the Fœtus in Premature and in Twin Births.* Scanz. Beit., vol. iv, p. 279.

One conclusion come to is that the death of the fœtus has an influence on its position; cranial presentations are less frequent in the case of dead than in live fœtuses; this is, perhaps, owing to the compressibility of the head in the former case, allowing the extremities to sink down by its side. In cases of twins the first child is much more rarely in an unusual position than the second.

BRAUN, Prof.—*On a very unusual event in Twin Birth: simultaneous presentation of the Feet of one and of the Head of the other Fœtus.* Allg. Wien. Ztg., 1861, i. Schmidt, vol. III, p. 192.

The difficulty occurs when, the pelvic extremity of the first fœtus being delivered, the two heads lock. The author relates a case in which this happened, and refers to thirteen similar recorded cases. In five of these the second child was first delivered naturally; in five the second child was first delivered by aid of the forceps. In one case the second child was decapitated; in one case the head was perforated. All the rest were delivered by manual assistance. The author believes the proper treatment to be to rupture the membranes of that child whose head presents; if both heads present, to rupture the membrane of the lowest, and apply forceps. If the heads become hooked together as above described, to apply the forceps to the head of the second child; craniotomy of the head of the second child only necessary when there is narrowing of the pelvis or unusual size of the head.

MURRAY, J. JARDINE.—*Impeded Labour from Dorsal Displacement of the Arm.* Med. Times and Gaz., June 15th, 1861, p. 627.

The difficulty alluded to consists in the forearm of the child being thrown across the back of the head and neck, the arm being thrown upwards in a line with the body. The displaced elbow forms a projection which hitches on the brim of the pelvis. A case is related in which the difficulty occurred. Podalic version was performed, and the case did well.

DEMEAUX.—*Note on Shortness of the Cord as cause of Abnormal Presentation.* Gaz. des Hôp., Feb. 9th, 1861.

JACOBS, HENRY.—*Difficult Positions of the Head in Twin Labour.* Lancet, June 8th, 1861, p. 566.

The head of the second child was impacted between the pelvic brim and shoulder of the first. By holding the second head up for a time the shoulder of the first was permitted to advance. The labour was thereupon completed.

CREGEEN, Dr.—*Difficult Position of the Head in Twin Labour.* Lancet, May 4th, 1861, p. 446.

POLLOCK, Dr.—*Difficult Position of the Heads in Twin Labour.* Obst.  
Trans., vol. iii.

WILSON, Dr. J. G.—*Description of a French Instrument for effecting reduction or reposition of the Umbilical Funis when prolapsed, with cases illustrative of its successful application.* Glasg. Med. Journ., April, 1861.

The instrument consists of two finely polished whalebone rods, one quite straight, one ending in a hook, the two so adjusted as to glide parallel to each other; movement of one rod on the other limited to one inch. The funis is placed on the hook, and by pushing the straight rod the hook is converted into a ring, and the reposition then effected. After reposition the funis is liberated from the hook by an obvious manœuvre. Including the handle, it measures eighteen and a quarter inches. Two cases are related in which it was used with advantage.

#### DISEASES, MALFORMATIONS, ETC., OF THE CHILD, IMPEDING LABOUR.

HECKER.—*On Dilatation of the Fœtal Bladder as a cause of impediment to Labour.* Mon. f. Geb., Nov., 1861. Report of Meeting of German Naturalists, &c. (Obstetric section), at Spires, 1861.

Hecker had a case in which the urinary bladder formed a tumour which was punctured before the child could be delivered. He found the urethra impermeable.

#### ABNORMAL CONDITIONS OF THE PLACENTA, FETAL APPENDAGES, ETC.

READ, Dr.—*Placenta Prævia; its history and treatment.* 8vo, Philadelphia, J. B. Lippincott and Co., 1861, pp. 340.

This work is an analysis of all the known recorded facts relating to the history and treatment of placenta prævia. After discussing the history of the subject, and comparing the accounts of authors as to its mode of production, the question of treatment is considered. In order to arrive at a proper conclusion on this point the author brings together in a tabular form the results obtained by different methods of treatment; original documents, it is stated, have always been consulted in framing these tables. Table 1 includes 52 cases where the placenta was spontaneously expelled and the child born by unassisted uterine contractions. Table 2 includes 26 cases of spontaneous separation of the placenta, with artificial delivery of the child. Table 3 contains 31 cases of artificial separation of the placenta, with natural delivery of the child. Table 4, 51 cases in which both placenta and child were artificially delivered. Table 5 includes 123 cases where the placenta was partially detached, and natural delivery followed. In Table 6 are 557 cases where partial detachment of the placenta was performed, but resort to artificial delivery was necessary. Table 7 includes 39 cases in which the placenta was perforated and the child variously delivered. Table 8 contains those cases in which the mother died undelivered. In an appendix numerous other less perfectly recorded cases under each of these heads are placed. Copious analyses of the tables themselves are given. Ergot, galvanism, bleeding, &c., &c., are each separately discussed.

The author believes that the old practice of turning and delivering by the feet, without disturbing the connexions of the placenta any more than is necessary for the purpose, must, after all, be our main resort, the method most likely to be required in the large mass of cases. The general results of the inquiry are stated as follows:—The danger to the mother increases as the pregnancy advances; it is less when the os is completely covered, least of all when the attachment is central. As regards prognosis, the condition of the patient is a better guide than the actual quantity of blood lost. The pains being vigorous, head presentation, os in good condition, and strength not impaired, rupturing the membranes is in most cases sufficient to stop haemorrhage. Artificial delivery increases danger to mother, but this is because it has been performed when the patient was in a very feeble condition; hence the importance of early artificial interference. If artificial delivery be impossible from rapidly failing condition or other reasons, the placenta should be totally separated and remedies (transfusion one of them) used to restore patient to a condition admitting of operation. The transfusion is very valuable, but we must recollect that there is a fear of its action inducing a temporising policy in some cases which are not suited for it. Ergot is not to be given when there is a probability of necessity for operative procedures.

SIRELIUS, Dr.—*On Placenta Prævia; its nature and treatment.* 8vo,  
Helsingfors, 1861. Extracts from this memoir are published in the  
Arch. Gén. de Méd. for September and October, 1861.

A point in the anatomy of the placenta, to the substantiation of which the author has devoted some attention, and to which he attributes considerable importance, is the dipping inwards of the cellular layer of the decidua between the placental cotyledons. The decidua sends processes downwards as far as the foetal aspect of the placenta. Thus it is impossible, he contends, for the maternal blood to pass from one cotyledon to another.

THOMAS, Dr. T. GAILLARD.—*Placenta Prævia.* Am. Med. Times, Jan.  
19th, 1861.

If the os is dilatable and the patient not exhausted, delivery by the forceps or version is recommended. If os dilatable and patient exhausted, a part or the whole of the placenta should be detached, styptics applied, and stimulants given. If the os be rigid and the patient not exhausted, the portion of the placenta nearest the cervix to be detached, styptics, and the tampon or colpeurynter, employed, if necessary. If the os be rigid and exhaustion present, the whole or part of placenta to be detached, styptics applied, and stimulants given.

CLAY, Dr. CHARLES.—*Observations on Placenta Prævia.* Glasg. Med.  
Journ., July, 1861, p. 129.

The author contends that the results of experience conclusively show that in the treatment of placenta prævia the mortality is infinitely less in cases where the placenta is separated than in cases where version and immediate extraction are performed. Haemorrhage is stopped by the separation nineteen times out of twenty. The child survives once in five

cases. The author states his conviction that he would consider any person reckless indeed of human life who would advocate turning and delivering in cases of placenta prævia in preference to detaching the placenta, if at all aware of the difference in the statistical results.

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BARNES, Dr. ROBERT.—*Clinical Lecture on the Treatment of Placenta Prævia.* Lancet, June 1st, 1861, p. 527.

The author states that his views on the subject of the treatment of placenta prævia have been somewhat misunderstood. The separation of the placenta from the lower zone of the uterus cannot of itself arrest haemorrhage; there must be contraction of the uterine muscles. Whether the operation for partially detaching the placenta or other means be adopted, the contraction is the object to be secured. Two cases are related in order to illustrate the positions taken up. A third case is related to illustrate the treatment to be pursued when the cervical detachment of the placenta and the evacuation of the liquor amnii may not be sufficient to produce full haemostatic contraction of the uterus. In the case in question a caoutchouc dilator was introduced into the cervix (after detaching the placenta from the lower zone), water was injected into this; the cervix thus dilated, the membranes then ruptured, the child turned, and delivery effected. The dilatation by this method is far preferable to that by the hand, as there is less liability of producing pyæmia; the dilator is especially valuable where there is deficient uterine contraction from loss of blood, the patient being much exhausted; moreover, the dilator excites the uterus to contract.

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WOODMAN, W. B.—*Two cases of Placenta Prævia treated by Dr. Barnes's Method.* Med. Times and Gaz., Oct. 19th, 1861, p. 405.

In the first case no haemorrhage occurred after the artificial separation of the placenta. The child had, as it afterwards appeared, been some time dead. In the second case the haemorrhage was very profuse; it was arrested by the separation. Turning was performed soon after, and the child extracted dead. Both mothers recovered.

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ROBERTS, Dr. D. LLOYD.—*Clinical History of three cases of Placenta Prævia in which Podalic Version was performed.* Ed. Med. Journ., Feb., 1861, p. 707.

The author draws the following conclusions from the three cases:—that if rigidity be absent, turning may be performed when the os is only the size of a shilling, and that it is unnecessary to wait until it be larger; that full and decided doses of laudanum, with Indian hemp, are beneficial in preventing the syncope from severe haemorrhage; and that when the child is dead forcible extraction of the head, after turning, is uncalled for.

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MANZ (Freiburg.)—*Placenta Prævia, artificial Premature Labour, &c.* Aerzt. Mit. a. Baden, 14, 7, 1860. Schmidt, vol. 109, p. 56.

An interesting case. The child was stillborn, but was recovered after lapse of half an hour. The cord was pulseless for some time anterior to this.

MARTYN, Dr.—*Cases of Placenta Prævia.* Lancet, April 27th, 1861, p. 412.

Three cases of placenta prævia are here related.

MISSA.—*Expulsion of the Placenta before the Child.* Gaz. des Hôp., 1861.

The patient had been pregnant twice previously; on one occasion the forceps were employed, on the other the delivery was effected by cephalotripsy, the pelvis being contracted.

LABALBARY.—*Hæmorrhage during Labour from abnormal attachment of Placenta; uterine inertia; syncope; efficacy of the utero-vaginal douche.* Journ. de Méd. et Chir. prat., July, 1861.

JANSSENS.—*On Anomalies of the Umbilical Cord considered as cause of the death of the Fœtus before Labour or of Intra-uterine Suicide.*

Journ. de Brux., Oct., 1861, p. 344.

Six cases are here cited in which the circulation through the cord being interfered with, by twisting or otherwise, the fœtus had died.

DOHRN, Dr.—*On Torsion of the Umbilical Cord and Stenosis of the Vessels.* Mon. f. Geb., Aug., 1861, p. 147.

This essay is accompanied by drawings showing the effects produced on the fœtus by torsion of the umbilical vessels.

DAVIS, DR. J. HALL.—*A case of Hydatid Mole expelled from the Uterus immediately after a Living Fœtus and its Placenta, at about six months' gestation, the hydatid growth being the degenerated ovum of a Twin Conception.* Obst. Trans., vol. iii.

The hydatid-like growth was developed from the chorion of a second ovum, perfectly distinct from the ovum in which the fœtus was present.

HILDEBRANDT.—*Hydatid Mole, together with a normally developed Ovum.* Mon. f. Geb., Sept., 1861, p. 224.

#### HÆMORRHAGE BEFORE, DURING, OR AFTER LABOUR.

SIDEY, DR.—*Case of Accidental Hæmorrhage.* Ed. Med. Journ., May, 1861, p. 1044.

STANGER, G. E.—*Accidental separation of the Placenta at the Seventh Month of Pregnancy; alarming syncope; induction of premature labour; recovery.* Brit. Med. Journ., April 27th, 1861, p. 440.

MARTIN, PROF. ED.—*Transfusion successfully employed in Uterine Hæmorrhage.* Mon. f. Geb., April, 1861, p. 269.

The case was that of a woman at. 20. The hæmorrhage was due to separation of the placenta before the birth of the child. The os uteri was undilatable.

HAMILTON, DR. G.—*Practical Observations and Suggestions in Obstetrics.* Ed. Med. Journ., Oct., 1861, p. 314.

To arrest "ante-partum haemorrhage," the author recommends an India-rubber vaginal plug, to be distended with water. Post-partum haemorrhage is best arrested by introducing one hand in the vagina and placing the other on the abdomen, and pressing the uterus between the two. The uterus should be emptied of clots first, and cold, wet, cloths applied. Respecting the "use of the forceps in difficult labours," the author contends that their more frequent use would very probably lessen foetal mortality. He has used the forceps about once in eight deliveries.

#### RUPTURE, LACERATION, INVERSION OF THE UTERUS.

EDMUNDSON, Dr.—*A successful case of Rupture of the Uterus.* Dub. Med. Press, July 10th, 1861.

Head impacted, labour-pains had been severe. There had been haemorrhage, sudden shock, fainting, and collapse. A foot was felt through abdominal walls. Craniotomy performed, and foetus extracted. For three days patient in extreme danger from peritonitis; final recovery.

M'KINLAY, Dr. W. B.—*Report of a case of Rupture of the Uterus in the fourth month of utero-gestation.* Glasg. Med. Journ., Oct., 1861, p. 324.

A very well-formed woman, in a perfect state of health, without using any exertion, and apparently without receiving any personal injury, in the fourth month of pregnancy became ill at night and died early next morning. The uterus was ruptured across the fundus, and much clotted blood found in the abdomen. The stomach very much congested, the uterine tissue apparently quite normal and healthy.

DUNSMURE, Dr.—*Case of Rupture of the Uterus.* Ed. Med. Journ., May, 1861, p. 1044.

The patient's age was thirty-nine. She had had seven children. The rupture took place after labour had lasted a little over twenty-four hours. The head presented, and was hydrocephalic. It was punctured, and delivery effected. Death ten hours after.

PUTEGNAT.—*Double complete Rupture of the Uterus during Labour; severe consecutive accidents and cure; subsequent pregnancy, terminating easily and favorably.* Journ. de Brux., Jan., 1861, p. 14.

CORSE, Dr.—*Rupture of the Uterus, and Death from Haemorrhage, in the sixth month of pregnancy.* Am. Med. Journ., Jan., 1861, p. 109.  
The cause of the rupture was not apparent.

DEATH, ROBERT.—*Case of Inversion of the Uterus.* Lancet, Oct. 26th, 1861, p. 411.

Death took place from haemorrhage. A midwife had apparently used force in extracting the placenta.

## LACERATION OF THE PERINÆUM DURING LABOUR.

**HEWITT, Dr. GRAILY.**—*On "Supporting the Perinæum;" practical considerations respecting the causes and prevention of laceration of the perinæum during labour.* 8vo, London, Churchill, 1861, pp. 70.

The operation known as “supporting the perinæum” during labour, and practised with a view to prevent the occurrence of laceration, is the subject of this essay, the object of which is to determine, by analysis of the operation itself and of its effects, whether it really effects the purpose intended. Having first shown, by reference to the teaching of various obstetric authorities, that, respecting the *rationale* of the action of the operation in question, opinions the most contradictory are maintained, the author proceeds to examine the effects produced by the operation, —(1) on the head of the child, and (2) on the perinæum itself. The conclusions arrived at are that, as regards one supposed effect—retardation of the head—it is very questionable whether it is produced at all; under some circumstances quite the opposite effect resulting, and that the supposed advantage of the operation in directing the head forwards is imaginary. An analysis of the action of the operation on the perineal structures themselves shows that, so far from the operation being useful in preventing laceration, the effect is quite the reverse; that the dilatation in the natural direction is actually interfered with; and that the safeguard from laceration—gradual and natural expansion of the structures by the equable and proper pressure of the fetal head—is removed. As regards the “causes” of perineal laceration, it is contended that, while unusual rapidity of labour is one of the principal of them, the accident has a different cause in different cases. The author believes that “supporting the perinæum” as preventive of laceration is certainly worthless, and may in some cases be suspected of having produced what it was intended to prevent: the proper treatment of the perinæum in labour is to abstain from all active interference of any kind. Precautions recommended are, to see that there is no impediment, by closure of legs, &c., to passage of head forwards after passing the outlet. Where the perinæum is not elastic—elasticity being regarded as a condition of safety—and labour action is very violent, retarding pressure against the head itself may prove useful. If laceration be actually threatened, short incisions of the perineal structures on each side of, and at a short distance from, the fourchette are recommended.

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**MURPHY, Dr.**—*On Supporting the Perinaeum.* Brit. Med. Journ., April 20, 1861, p. 426.

The object of supporting the perinæum is—(1) to prevent or allay irritation and to diminish congestion, so that the act of dilatation may not be interfered with; (2) to counteract too violent action of the uterus. The tissues of the cervix uteri and the perinæum have, the author says, a power of expansion independent of the force employed against them.

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**GRAY, Dr. JAMES.**—*On Laceration of the Perinæum.* Brit. Med. Journ., June 22nd, 1861, p. 654.

It is here contended that the varying position, length, and relation to

the pubis and coccyx, of the perineum, in different subjects, accounts for the laceration taking place in one case and not in another.

**HERVIEUX.**—*New method of Treatment of Laceration of the Perineum.*  
L'Un., April, 1861, p. 258.

The author's method is to retain, in apposition with the raw surface, sponge saturated with chloruretted water. Two cases of cure by this means are related.

**SKINNER, Dr.**—*Case of Ruptured Perineum during unassisted Labour.*  
Brit. Med. Journ., August 17th, 1861, p. 170.

The author advocates the use of the twisted or quilled suture when the accident has occurred, not trusting to unaided restorative power.

**ROBINSON, Dr.**—*Laceration of the Perineum into the Rectum.* Med. Times and Gaz., Sept. 28th, 1861, p. 336.

In the passage of a large child the perineum was torn into the rectum. A perfect cure was obtained by maintaining perfect apposition of the parts by rest, binding of the knees together, and use of opiates to produce constipation, for seventeen days. The parts had then perfectly healed. The vagina was washed out daily.

**EDWARDS, Dr. CHAS.**—*Contributions to the Science of Obstetric Surgery.*  
Lancet, Dec. 14th and 21st, 1861, pp. 566 and 592.

These contributions consist of practical remarks on the treatment of laceration of the perineum as an effect of labour.

#### ESCAPE OF LIQUOR AMNII DURING PREGNANCY.

**DANYAU.**—*On Serous Discharges during Pregnancy.* Gaz. Hebdo., Dec. 21st, 1860. Ed. Med. Journ., Feb., 1861.

A patient had had serous discharge for fifty-six days. After delivery, it was found to have proceeded from a perforation in the membranes, which had allowed the escape of amniotic fluid.

### OBSTETRICAL OPERATIONS.

#### INDUCTION OF PREMATURE LABOUR.

**ESTERLE, Prof. CARLO.**—*On the propriety of extracting the Fœtus by way of the genital passages, and when viable, before death, in cases where the death of the Mother is imminent and certain.* Ann. Univ. di Med., Nov., 1861.

In the contingency in question the author argues that extraction before death is far preferable to the Cæsarean section after death, and he adduces six cases, in four of which the children were thus saved, whereas in post-mortem Cæsarean operations only 2 per cent. are saved.

**BARNES, Dr. ROBERT.**—*On the indications and operations for the Induction of Premature Labour and for the Acceleration of Labour.* Obst. Trans., vol. iii.

The author gives a systematic, historical account of the various operative methods which have been had recourse to. These are, puncture of the

amniotic sac, use of ergot of rye, separation of the membranes; introducing a sound and tapping the sac; introducing a flexible catheter into the uterine cavity and leaving it *in situ*; dilatation of the cervix; introducing a calf's bladder into the vagina and distending it with water, the modern adaptation of which is the colpeurynter; the air-pessary; the employment of galvanism, the application of sinapisms to the breast, or employment of cupping-glasses; injection of carbonic acid into the vagina; the warm douche to the vaginal portion of the uterus (Kiwisch); employment of intra-uterine injections, first devised by Schweighauser, but now known as Cohen's method; the true uterine douche. The author believes it very difficult to get at the truth as to the respective merits of these methods; the vaginal and uterine douche, however, appear, from statistics, to be far more fatal to the child than the other methods. The recent expansion of the principle of dilatation of the cervix by caoutchouc dilators (Keiller and Murray), as a method of inducing labour, is next considered. The author has devised instruments on this principle, and details the following cases in which he has successfully employed them:—in two cases of placenta praevia; in a case of contracted pelvis, with cicatrisation of the os uteri, where labour, having been induced by the douche, was accelerated by the caoutchouc dilator and turning; in two cases where labour was induced and accelerated by its means. The elastic cervical dilator, in the form contrived by the author, offers, he contends, a means of effecting delivery safely and at will, the douche being very uncertain in its effect. The instruments employed by him are, in the preparatory stage, short metallic bougies, next cylindrical caoutchouc dilators, some of which are of a fiddle shape, and are injected with water after introduction into the os uteri. In connexion with this subject, the importance of Dr. Hick's method of external turning is alluded to as a means of terminating labour advanced to a certain stage. In conclusion, the author advocates the following new classification of labour-inducing agents—(a) preparatory measures; (b) labour-provocative measures; (c) labour-accelerating measures; as affording a basis for the better selection and adaptation of remedial means.

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FARRE, Dr. ARTHUR.—*Induction of Premature Labour; successful result.*  
Lancet, Aug. 17th, 1861, p. 158.

The labour was induced at the thirty-third week by separating the membranes around and near the os by an elastic catheter. The child was born alive, weighed three pounds four ounces, and, together with the mother, did well.

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SIMPSON, Prof.—*Induction of Premature Labour; new indications for it; modes of production.* Ed. Med. Journ., Sept., 1861, p. 289.

A patient had been twice delivered of hydrocephalic children, in both cases puncture of the head being required. Labour was prematurely induced, and a live child obtained. The method employed was injection of carbonic acid into the uterus. The author, however, is strongly opposed to this operation in future cases, from the fatal effects reported to have resulted in other instances from a like procedure. After discussing the several methods of inducing premature labour, he expresses himself in

favour of the introduction of a gum-elastic catheter, or other flexible body, and separating the membranes from the uterus by its means.

HICKS, Dr. BRAXTON.—*Cases of Induction of Premature Labour.* Med. Times and Gaz., Dec. 14th, 1861, p. 609.

Case 1, contraction of the brim of the pelvis; labour induced at seven and a half months; child born alive; recovery. Case 2, contraction of the brim of the pelvis; induction of premature labour at seven and a half months; child born alive; death next day; recovery of the mother.

HICKS, Dr. BRAXTON.—*Cases of Induction of Premature Labour* (*Lancet*, Oct. 5th, 1861, p. 33); *transverse presentation; cephalic version by Dr. Hicks' method; forceps; child alive; recovery.*

In the first case there was transverse presentation; cephalic version was effected by Dr. Hicks' method, the forceps used, a live child extracted. In the second case the shoulder presented, podalic version was effected by the same method, the child was then extracted, but dead.

JAMES, HENRY.—*On the Induction of Premature Labour.* Lancet, March 2nd, 1861, p. 210.

Seven cases are related in which the following plan for the induction of premature labour was adopted. The os first dilated slightly by means of the finger; a male catheter, large size, then introduced, and the membranes carefully separated, to the extent of five or six inches, by means of an elastic bottle attached to the catheter: cold water was next injected through the catheter into the uterus.

#### TURNING.

HICKS, Dr. BRAXTON.—*Further illustrations of the new method of Version.* Lancet, Feb. 9th, 1861, p. 134.

Six cases are related in which version was performed by external, assisted by internal manipulation, after the method described in former papers by the same author.

#### CESAREAN SECTION.

PIHAN-DUFEILLAY.—*On the Statistics of the Cæsarean Operation.* Arch. Gén., Aug. and Sept., 1861, pp. 148, 304.

The author states that statistics on the subject appear to be more unfavorable than they really are, and that in very many cases the unfavorable result was due more to the anterior accidents, or rather to prolonged manipulations of other kinds and other circumstances, than to the operation itself; hence the mere figures give no clue to the real mortality from the Cæsarean operation *per se*. The chief causes of the mortality are haemorrhage, nervous shock, and peritonitis. The latter is very much more to be dreaded in hospitals than elsewhere. The author then appends a tabulated list of the operations performed during the fifteen years, 1845—1859. These are 88 in number; and there were 50 cures and 38 deaths. Eight of these deaths were due to other stated causes. In 5 cases instruments had been long and fruitlessly used; 4 of these died.

Where the patient's strength had not failed, success was very frequent. Only three were cured when there was great prostration. The length of the labour previous to operation is of very great importance as causing mortality. Four fifths die where the patient is prostrated, three fourths are cured under opposite conditions. The cases in which gastrotomy have been performed for ruptured uterus and escape of foetus afford remarkable results of cure. Lastly, the Cæsarean section is compared with other operations, and shown to be much more favorable in its results than many of them.

BARKER, Dr. FORDYCE.—*On the Cæsarean Section.* Am. Med. Times, Jan. 26th, 1861.

WINCKEL.—*Results of thirteen Operations of Cæsarean Section.* Mon. f. Geb., Dec., 1860, p. 401.

In nineteen years the author has operated thirteen times, in eight cases for osteo-malakia, in five for rachitis. The frequency of osteo-malakia in the neighbourhood (Gummersbach) is stated to be due to the want of cleanliness, to poor living, to want of attention after labour. In four cases the abdomen only was incised, rupture of the uterus having occurred. This occurred twice in one woman, who previously had been delivered by the Cæsarean section. Two of these three women were saved. The results of the thirteen operations are eight recoveries and five deaths. Of the recoveries, three belong to the same individual. The author attributes his success to the simplicity of his treatment. The wound is closed very carefully with large and small sutures. Protrusion of the intestines he prevents by directing an assistant to hold the upper angle of the incision in the uterus in apposition with the angle of the external wound. Chloroform given in all cases.

WINCKEL.—*Cases of Cæsarean Section.* Mon. f. Geb., Jan., 1861, p. 27.

Two cases are related in which the pelvis was affected with osteo-malakia. The first patient died two days after the operation; in the second case the issue was fortunate for both mother and child.

VAMBIANCHI and ALIMONTA.—*Case of Cæsarean Operation.* Gaz. Med. Ital. Lombard., Dec. 24th, 1860.

The child was saved; the mother died on the sixth day. This was a case of osteo-malakia.

HAHN.—*Cæsarean Section.* Wien. Ztg., 8, 1861. Schmidt, vol. 110, p. 191.

This case was successful both for mother and child. Chloroform not used.

BIRNBAUM. *Cæsarean Section in a case of Oblique Distortion of the Pelvis, with occlusion of the Uterus; result unfavorable.* Mon. f. Geb., Dec., 1860, p. 402.

The child was saved. The mother died four days after the operation.

NEWTON, Dr. J. J.—*Case of Cæsarean Section.* New Orleans Med. and Surg. Journ. Dub. Hosp. Gaz., Dec. 1st, 1861.

The patient was a negress; the mother and child both survived.

GODEFROY.—*Cæsarean Operation; success.* Gaz. des Hôp., Sept. 3rd, 1861.

The woman was rachitic; arm presentation; waters escaped; version impossible.

LEVY, Prof.—*Case of Cæsarean Section.* Bibliot. for Laeg., Oct., 1860, p. 331. Schmidt, vol. 111, p. 318.

The operation was rendered necessary by the presence of complete closure of the os uteri and vagina, the result of ulceration and cicatrization, the nature and cause of which was doubtful, at the sixth month of pregnancy. The operation was performed at the full time. The child extracted alive. The mother died two days after.

EDMUND, JAMES.—*On a case of Cæsarean Section.* Lancet, Jan. 5th, 1861, p. 4.

The patient's age was thirty-eight. There was hard cancer of the os and cervix uteri, and the patient had been six days in labour without any dilatation of the os occurring. The placenta was situated in front, but was rapidly cut through. The child and the mother both lived; the wound was united on the eleventh day. There was severe peritonitis, treated simply. No mercury or brandy were given.

HESS.—*Cæsarean Section successful for Mother and Child.* Nass. Med. Jahrb., 1859, p. 705. Schmidt, vol. 112, p. 193.

Patient, æt. 41, had been delivered naturally three times; in a fourth also naturally, but had been ill for three years.

GLISZCZYNKI.—*Report of a successful case of Cæsarean Section.* Mon. f. Geb., Feb., 1861, p. 81.

The patient, a primipara, had been three days in labour; the conjugate diameter was two inches; contraction due to rachitis (between the ages of three and seven). It was considered impossible to deliver, even after perforation and lessening of the head. The operation was performed under chloroform. The patient would not give her consent to the operation, and the friends only reluctantly assented to its performance. The child (a boy) and the mother were saved.

HJORT, Prof.—*Case of Cæsarean Section.* Hygiea, March, 1861. Schmidt, vol. 111, p. 318.

The patient had been previously delivered instrumentally, the labour having been very severe. The conjugate diameter was 2·5". It was intended to induce premature labour, but the reckoning was difficult, and the patient went her full time. Cæsarean section was performed. The mother died twenty-one days after. The child, a male, weighing 9½ lbs., was extracted alive, and preserved.

KERGARADEC.—*On the duty of performing the Cæsarean Section after the Death of the Mother.* (Acad. de Méd.) Arch. Gén., Feb., 1861, p. 241.

BINANT.—*On the Post-mortem Cæsarean Operation.* Gaz. des Hôp., April 16th, 1861.

Binant records a second case of post-mortem Cæsarean section, in

which, however, the child was not, as in the first case, extracted alive. The first case, which originated a long series of discussions before the Academy of Medicine as to the duty of performing the operation, is here again related.

#### DIMINISHING THE SIZE OF THE CHILD.

SPÖNDLI.—*On Perforation and Cephalotripsy.* Mon. f. Geb., March, 1861.

The cases of cephalotripsy here and in a former paper (Mon. f. Geb., May, 1860) recorded are ten in number. In all but one perforation was employed previous to cephalotripsy; in this case there was spontaneous perforation. The cranioclast of Simpson the author considers vastly inferior to the cephalotribe.

MARTIN, Prof. E.—*On the various methods of Diminishing the Size of the Child's Head in Delivery.* Mon. f. Geb., Feb., 1861, p. 103.

The operations are to be divided into two classes—(1) those in which the head is simply perforated, the rest of the delivery being left to nature; and (2) those in which further efforts are necessary to effect delivery. The respective merits of Van Huevel's "forceps-saw," by which the head can be cut in two—of Cohen's instrument, which is a strong forceps, adapted for at once diminishing the head and extracting it—of Simpson's instrument, by which the bones can be broken up—and of the cephalotribe, by which strong compression is exercised — these are severally discussed.

KRISTELLER.—*Forceps with Dynamometrical Apparatus.* Mon. f. Geb., March, 1861, p. 166.

The instrument is supplied with an ingenious apparatus, by means of which the exact amount of tractile force exercised by the operator is indicated, and the operator enabled to ascertain whether the traction he is using is such as is considered justifiable and proper. Further, by means of the instrument, the operator will be enabled to judge of the respective indications for the forceps or the cephalotriptor.

CHASSAGNY.—*On a Forceps with Sustained Traction and Progressive Pressure.* Gaz. Hebdo., March 8th, 1861.

The apparatus consists of a peculiarly constructed forceps, by which compression is exercised, and a contrivance by means of which, using the knees of the patient as fixed points, continuous traction can be employed.

WINCKEL, FRANZ.—*Mesnard's Cranial Forceps advantageously used in the extraction of the Head after perforation in Osteo-malakial Pelvis.* Mon. f. Geb., April, 1861, p. 292.

The author relates a case in which this instrument was found very useful, and its more extended application is recommended in certain cases of pelvic deformity.

SINCLAIR, Dr.—*Some practical observations on the timely use of the Obstetric Forceps.* Dub. Quart. Journ., Aug., 1861, p. 60.

The expectant line of practice is still too often, in the author's opinion, pursued, and the rules laid down by some of the best authorities on this

subject are not consonant with sound principles. The object of the practitioner should not be simply the preservation of the structures of both mother and child, but the prevention of fever and inflammation. The timely use of the forceps would often prevent the latter accidents. To prove the latter point the author adduces the statistics of the Dublin Lying-in Hospital during periods when the practice as regards the frequent use of the forceps differed, and afforded grounds for comparison.

HEWITT, Dr. GRAILY.—*On unusual Elongation of the Fatal Head as a cause of difficulty in the application of the ordinary Obstetric Forceps; with description of a modified form of instrument to be used in such cases.* Obst. Trans., vol. iii.

The difficulty alluded to is liable to arise in the application of the forceps ordinarily used in British midwifery in cases where the head, having been forced through unusually narrow or unyielding passages, thereby assumes a very elongated form. A case is related in which the author found it impossible, under these circumstances, to apply the forceps most commonly in use in this country. The head measured six inches in the occipito-mental diameter half an hour after birth. The author proceeds then to show—(1) that such elongation of the head is to be expected to occur in a certain proportion of cases; and (2) that when it is present there must be—owing to the shape of the curve of the side of such a head—a difficulty in applying any forceps the blade of which measures less than eight inches in a straight line from one extremity of the curve of the blade to the other. It is pointed out that the measurement of the blades most in use in this country varies from a maximum of seven inches to five and a half inches, or even less. The instrument actually used in the case related measured seven inches. The author urges the recognition of a new principle—the necessity of adapting the shape of the curve of the blade to the varying shape of the curve of the side of the head. This principle had not yet been laid down by obstetric authorities. In this country it was customary to speak of a "long" and of a "short" forceps. The modification so expressed referred, however, only to the length of the handles and to the position of the head in the parturient canal; the length of the blade itself was the same both in the "long" and "short" forceps. The author exhibited an instrument, straight, measuring eight inches between the extremities of the curve of the blades, the curve of which was that of a circle of fourteen inches in diameter. This instrument is adapted for use in cases of undue elongation of the head, and will be found most serviceable in the long, tedious labours of primiparæ. So far as the measurement of the curve is concerned, the new instrument nearly resembles Levret's forceps.

#### REMOVAL OF PLACENTA.

CREDÉ.—*On the best method of Removing the Placenta.* Mon. f. Geb., April, 1861, p. 274.

The author strongly recommends the following procedure instead of that ordinarily adopted. After the birth of the child, friction over the fundus uteri, at first gentle, then more forcible, to be employed, and as soon as the uterus is felt contracted it is to be grasped by the whole hand and slow pressure made downwards. This procedure is followed by the immediate expulsion of the placenta, without necessity for introduction of the hand or traction on the cord.

PRIESTLEY, Dr.—*On the treatment of cases of Abortion in which the Membranes and Placenta are retained.* Obst. Trans., vol. iii.

The author, after stating that obstetric authorities differ widely as to the treatment which ought to be adopted in such cases, and particularly as to the propriety of manual interference, goes on to state the conclusions he has arrived at. Cases are related to show the danger to the patient of allowing the placenta or membranes to remain in cases of abortion, these dangers and inconveniences being flooding, decomposition of the uterine contents, leading to inflammation, phlebitis, phlegmasia dolens, &c., sub-involution of the uterus, generation of moles, and haemorrhage attending expulsion of latter. He concludes that the proper course is to prevent these consequences by removing the placenta or membranes retained, and that the safest and best means of so removing the retained uterine contents is to introduce gently and gradually one or two fingers into the uterus, the patient being laid on the back and under chloroform. If the os is too contracted for this method the sponge-tent should be employed.

SPIEGELBERG, Prof. O.—*On disturbances in the process of Expulsion of the Placenta.* Wurzb. med. Ztsch., 1861, p. 39. Schmidt, vol. III, p. 60.

The author states that the normal contractions of the uterus are frequently disturbed by a practice midwives have of dragging at the placenta as soon as the child is delivered. Hence the necessity for laying down some rules on the subject. He approves of the practice adopted in England, of following down the uterus with the hand as the expulsion of the child occurs. Undue traction of the cord may produce partial contraction of the uterus and incarceration of the placenta. Adhesion of the placenta he believes to be rare. When there is haemorrhage, not severe in character, the object is to induce general contraction of the uterus by outward pressure. If this does not succeed, the ordinary treatment to be had recourse to, and the placenta removed. To allow the placenta to remain is very dangerous. Subsequently the contraction of the uterus is to be carefully looked after; pressure by the bandage, and internal use of ergot, are the means to be had recourse to for this end.

HABIT.—*Retention of the Placenta after Premature Delivery.* Wien. Wohnsch., 14, 1861. Schmidt, vol. III, p. 59.

Habit's opinion is that, after delivery at term, the dangers from retention of the placenta are so considerable that interference is necessary, while in retention after abortion an expectant treatment is to be preferred. When in the latter case the placenta is retained a very long time, attended with profuse discharge and other severe symptoms, further interference is required. Two cases are related bearing on this question.

## POSITION IN LABOUR; AIDS IN LABOUR.

HOHL, Prof.—*On Position during Labour.* Deut. Kl., 1, 1861. Schmidt, vol. 110, p. 188.

The author believes the position on the back is, as a rule, the best, both for enabling the woman to help herself and because in this position the mechanism of labour is least likely to be disturbed.

OSSIEUR.—*On the Knee and Elbow Position.* Journ. de Brux., April, 1861. Schmidt, vol. 112, p. 53.

The author sets forth the advantages which this possesses over the other positions in facilitating certain obstetric manœuvres.

KEATING, Dr.—*Employment of the Colpeurynter for dilating the Os Uteri during Labour.* Am. Med. Journ., January, 1861, p. 124.

The author finds this instrument most valuable in all cases where the parts are otherwise undilatable, and frequently uses it as a substitute for ergot to shorten the labour, also to dilate the vagina and perineum in advance of the head.

VALENTA, Prof.—*Catheterization of the Uterus as a means of exciting Uterine Contraction.* Wien. Med. Halle, 1860, 10, 11, 14. Schmidt, vol. 111, p. 189.

The author believes that in catheterization of the uterus we have a means of exciting uterine contractions, both in order to bring on labour artificially and in cases where, the labour having begun, the pains are weak, so long as the waters have not escaped. The instrument to be used is a thick, English catheter, it is to be introduced between the posterior wall of the uterus and the membranes. Ten cases are related in which this method was employed to hasten or originate parturient action.

WENDT.—*On the "Prager Handgriff."* Deut. Kl., 44, 1860. Schmidt, vol. 110, p. 317.

The author states that for the last thirty years a peculiar manœuvre has been practised with great success in the Prague Hospital in order to deliver the head in cases of breech presentation. It consists in first drawing the trunk of the child down as low as possible, and then carrying the feet forward toward the abdomen of the mother, exercising at the same time moderate traction.

## ANÆSTHESIA IN MIDWIFERY.

BARKER, Dr. FORDYCE.—*On the use of Anæsthetics in Midwifery.* Trans. of New York Ac. of Med., 1861, p. 251.

The author has employed anaesthesia 786 times: chloroform 759, sulphuric ether 27 times; 577 of them were private, natural cases. On the whole, he has found chloroform accelerate rather than retard labour. The general conclusions are—(1) That anaesthesia is of the greatest value in obstetric practice; that chloroform is generally preferable. (2) It exerts no

injurious effect, when properly administered, upon either mother or child. (3) It is quite justifiable to use chloroform in natural labour simply to relieve pain. (4) It is especially useful for calming extreme agitation and mental excitement in nervous women. (5) It should be administered in those cases of natural labour where the progress is suspended or much retarded by the pain occasioned by previous disease, or such as may supervene during labour, and in those cases when the irregular and partial contraction occasions intense and almost constant pain, without effect in advancing labour. (6) It is of great service in spasmodic contraction and rigidity of the cervix uteri, in tetanic rigidity of the perinæum, in certain forms of puerperal convulsions, and in the various obstetrical operations.

**MARTIN.**—*On inhalation of Chloroform in Midwifery Practice.* Allg. Med. Cent. Ztg., 1861, 20.

The results of 1000 cases are given. The narcosis is much more easily produced in women in labour than in others; 3*j* of chloroform was rarely exceeded. The progress of the labour was not interfered with; no unfavorable results were noticed. The author considers it important that the sleep following the exhibition of the chloroform be not disturbed; that the chloroform be given in very small quantities, especially at first, and largely mixed with air.

**CROSKERY, HUGH.**—*Anæsthesia in Midwifery.* West Indian Quarterly Magazine, Aug., 1861, p. 1.

The author advocates the employment of anæsthesia in midwifery practice.

**GUELMI.**—*Anæsthesia, and particularly in cases of Labour.* Ann. Univ. di Med., 1861.

The author examines the objections made to the use of anæsthesia in midwifery, and shows their futility. He has derived most advantage from its employment when the uterus was rigid, and introduction of hand for version, &c., difficult.

#### ERGOT OF RYE, ELECTRICITY, IN LABOUR.

**WEST, Dr. UVEDALE.**—*Is the Ergot of Rye, when administered to the Mother during Labour, dangerous or not to the life of the Child? A practical inquiry.* Obst. Trans., vol. iii.

This is the continuation of an inquiry of which some results were published in December, 1855. The cases formerly published were 69 in number. In consequence of certain criticisms on those cases, made by Danyau on the part of the Academy of Medicine of Paris, to the effect that in a more extended series of cases more unfavorable results would be obtained, the author had continued his inquiries. The cases now brought forward extend over six years, and include 173 cases in which ergot was given on a total number of 734 cases attended. Only 5 of these were stillborn from all causes, viz., 3 putrid at birth, 1 with placenta prævia and profuse haemorrhage, premature, and 1 with prolapsed funis. Including the cases of both series of investigations, there were 1013 labours, 242 ergot cases (one a case of twins). In the whole there were 14 still-births from all

causes, viz., 5 putrid at birth, 1 footling, 1 prolapsed funis, 3 haemorrhage during labour from placenta praevia, 2 difficult instrumental labours, 1 suspected latent compression of the funis, 1 cause not manifest. On the whole number of cases, ergot and not ergot cases, of 1026 children born, there were 50 still-births, of which 5 were deaths without manifest cause. The author concludes, therefore, that as only one in five of these was born under ergot, there was no evidence to justify the doctrine that ergot was dangerous to the life of the child. In the present paper the whole of the ergot cases are minutely tabulated, and all details given. The author observes that the tables show it to be quite immaterial when the ergot is given, but that it is essential that actual labour be present, and that the accoucheur be competent to meet any emergency likely to arise; that ergot can only be dangerous when uterine action is dangerous.

PAJOT.—*On Ergot in retention of the Placenta.* Gaz. des Hôp., 48, 1860. Schmidt, vol. 109, p. 60.

Pajot considers that ergot is not indicated in cases of retention of the placenta at the seventh or eighth month, or in cases of abortion occurring earlier than this.

BAER.—*On Electricity in Midwifery.* Mon. f. Geb., Oct., 1861, p. 273.

The uses of this agent in the induction of premature labour, in the checking of haemorrhage from defective uterine action, &c., and in exciting respiration in cases of asphyxia neonatorum, are severally discussed. The phrenic nerve is considered by the author the best to operate on.

## PART II.—DISEASES OF WOMEN.

### PHYSIOLOGY OF FEMALE GENERATIVE ORGANS.

MEISSNER, E. A.—*On the frequency of Conception in Anæmia and some other constitutional diseases of Women.* Mon. f. Geb., Aug., 1860, p. 120.

The author, adopting Eichstedt's theory of the suctional power exercised by the uterus during coition, and by which the spermatic fluid is made to pass into this organ, makes it for the most part the bases of the explanation here given of the greater frequency of conception in women suffering from chlorosis, leukæmia, general anæmia, cardinalgia, hysteria, tuberculosis, &c.

STROHL.—*On the relation between Menstruation and the Lunar Phases.* Gaz. de Strasb., 1861, 6. Schmidt, vol. 112, p. 49.

The results of a very extensive inquiry are as follows:—(1) The moon appears to exercise a great influence on the occurrence of menstruation. (2) During the full moon only a small number of women menstruate. (3) The maximum menstruate during the first quarter. (4) A second, but less number, menstruate at the period of the new moon. (5) The perigee and the apogee have apparently no influence. (6) The southern luni-

stitium has more influence than the northern. (7) Increased barometric pressure, probably, has an influence in diminishing menstruation.

#### GENERAL TREATISES, LECTURES, ETC., ON DISEASES OF WOMEN.

**GARDNER, Dr.**—*Translation of Scanzoni's Practical Treatise on the Diseases of the Sexual Organs in Women.* (From the French). 8vo, New York, De Witt, 1861, pp. 669.

This, the American edition of Scanzoni's well-known work, contains additions made by the French and American editors. It is illustrated by sixty woodcuts.

**BROWN, BAKER.**—*On Surgical Diseases of Women.* 2nd edition, 8vo, London, Davies, 1861, pp. 410.

In this new edition the author has added new chapters or sections on some subjects, and incorporated the cases, with their results, which have come under his notice since the publication of the first edition. There are histories of forty-two cases of vesico-vaginal fistula, fifty-five cases of cystocele, enterocele, and prolapsus uteri. Twenty additional cases of ovariotomy are recorded. The work is copiously illustrated, the new instruments and procedures for the cure of vesico-vaginal fistula are described and delineated.

**HODGE, Dr.**—*On Diseases peculiar to Women.* 8vo, Philadelphia, Blanchard and Lea, 1860, pp. 469.

**ARAN** (edited by GAUCHET).—*Clinical Lectures on the Diseases of the Uterus and its Appendages.* 3 vols. 8vo, Paris, 1858-60.

**PRIESTLEY, Dr.**—*Two Lectures introductory to the Clinical Course on the Diseases of Women and Children.* Brit. Med. Journ., Feb. 9th, 16th, 23rd, pp. 135, 161, 189.

The author here draws attention to some of the leading characteristics belonging to the two classes of patients (women and children) which exert a marked influence on the production and progress of the morbid affections to which they are liable, and points out some of the principal difficulties which are encountered in investigating their diseases.

**HEWITT, DR. GRAILY.**—*Lectures on the Diagnosis and Treatment of Diseases of Women, delivered at St. Mary's Hospital Medical School.* Brit. Med. Journ., from July 6th to Dec. 14th, 1861, pp. 1, 55, 139, 193, 247, 299, 349, 403, 460, 547, 627.

The plan of these lectures is to take the various symptoms or conditions of the patient, one by one, and to point out the different diseases or conditions which such symptoms may indicate, and the mode of distinguishing them one from the other. The arrangement of the subject is thus a symptomatic, not a pathological, one. The lectures published include considerations of the following data—the age of the patient; sexual relations; disorders of menstruation; unusual discharges of blood from the generative organs when coincident and when not coincident with menstruation; and the nature and diagnostic significance of "substances" expelled from the generative organs. The treatment of the various diseased conditions present is described.

## MISCELLANEOUS.

BARNES, Dr. ROBERT.—*Clinical Lectures on Abdominal Collapse or Shock from Abdominal Disease.* Lancet, Aug. 3rd, 1861, p. 105, and Aug. 24th, p. 177.

The author's remarks apply to the effect of exposure of a large superficies of the peritoneum to irritation in producing fatal collapse or shock, usually the result of some severe injury occurring suddenly. In the first lecture are considered various conditions of the ovary which may cause this shock or collapse. A case is related in which a pregnant woman had a blow on the abdomen. Death took place some days after, and it was found that an ovarian cyst had been ruptured, causing peritoneal irritation and shock. Other conditions of the ovary capable of causing the same shock are then alluded to and illustrated by cases. They are—haemorrhage from an ovarian cyst into the peritoneum; haemorrhage into the cyst without rupture of the same, causing sudden dilatation and irritation; bursting of an ovarian cyst with puriform contents; irritation due to injection of iodine into an ovarian cyst producing sudden impressions upon the interior; blood poured out from the surface of a healthy ovary, or a newly burst Graafian follicle, as in cases of retro-uterine haematocele. In a second lecture the author considers conditions of other organs causing abdominal shock or collapse. These are—rupture of the uterus; sudden and violent displacements of the uterus, whether gravid or not [an interesting case is related, in which a polypus of the uterus, in consequence of a fall, suddenly became external, dragging and injuring the uterus and producing haemorrhage and shock: the tumour was removed, but the patient died]; retroversion of the pregnant uterus; entry of air into the peritoneum by way of the Fallopian tubes; effusion of pus and inflammatory products from the tubes, or from the uterus itself along the tubes into the peritoneal cavity; ulceration of the Fallopian tubes themselves; cases of tubal gestation in which rupture occurs. Various conditions of other abdominal organs are next mentioned as capable of giving rise to the symptoms in question. The author concludes by remarking on the diagnosis of abdominal from other forms of collapse. In abdominal collapse the intellect is clear; this distinguishes it from cranial collapse, while in pectoral cases the circulation and respiration afford distinctive symptoms.

EDWARDS, Dr. ST. JOHN (Malta).—*On "Abdominal Shock."* Lancet, Oct. 5th, 1861, p. 336.

The author relates a case illustrating some of the positions of Dr. Barnes on this subject. The patient died of collapse a few days after delivery of a seven months' foetus. The membranes of the sac of an ovarian cyst were found ruptured, due, as the author believes, to twisting of the sac by expulsive action of the uterus.

*On certain conditions of the Sexual Organs as certain indications of the practice of Onanism. Discussion on this question, and decision of the Obstetrical Society in Berlin.* Mon. f. Geb., 1861, August.

The question was put to the society whether the following changes

should be considered as certain signs of onanism :—(a) as regards external sexual organs, gaping condition of the vulvar aperture, clitoris red and swollen and strongly prominent, nymphæ swollen and assuming a wing-like form, vaginal aperture intensely red, hymen lax or torn ; (b) as regards internal sexual organs, chronic metritis, ante- and retroversion or flexion of uterus, descensus uteri ; these changes having been observed in certain girls, &c. 12—15, suspected of the practice in question. The discussion of the subject occupied several meetings of the society. A commission was appointed to report on the subject ; the report, on being brought up, was discussed, and the society finally resolved on a reply to the questions put, which was to the effect that—(1) the appearances of the external generative organs alluded to could not be considered as positive signs of the practice of onanism, inasmuch as they might be produced by other causes ; and (2) that in the present state of knowledge it cannot be held as proved that the alterations of the uterus described as present was produced by onanism.

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**BEATTY, Dr.—*Plastic Operations on the Female Genito-urinary Organs.***  
Dublin Quart. Journ., May, 1861, p. 273.

Six cases are related, one of operation for laceration of perineum, three for vesico-vaginal fistula, and two for prolapsus uteri.

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**GUÉRIN.—*Clinical Lectures on the Venereal Diseases of Women, and on the Diseases in general of the Female Sexual Organs.*** Med. Circ., July 10th, 17th, 24th, 1861; Aug. 7th, 21st, 28th; Oct. 30th.

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**CHAMBERS, Dr.—*Clinical Lecture on Hysteria.*** Brit. Med. Journ., Dec. 21st, 1861, p. 651.

The cases of three patients form the basis of this lecture. The author concludes that hysteria is a disease as much of the mind as of the body ; that the mental phenomena preponderate in some cases, in others the bodily ; that moral or physical treatment must be applied accordingly ; that in the moral treatment the chief object should be to teach the patient to exert the will ; that the organ which most aids us in the physical treatment is the stomach.

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**BARCLAY, Dr.—*On Hysterical Mania.*** Lancet, April 20th, 1861, p. 391.  
The case of a lady, &c. 27, is here related, in which there were slight paralysis, fits, convulsions, and mania. The nature of the affections present is commented on.

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**BONNES.—*Hysteria, treated and cured by prolonged Etherization ; trials of Hypnotism.*** Gaz. des Hôp., April 30th, 1861.

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**GAIRDNER, Dr. W. T.—*Epidemic of Hysteria in a Reformatory Institution ; Hysterical Mania from a severe Mental Shock ; moral treatment of such cases.*** Clinical Lecture. Lancet, May 4th, 1861, p. 429.

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**ENGELMANN.—*On the Mineral Waters of Kreutznach in Affections of the Uterus and Ovaries.*** Journ. de Brux., Sept., 1861, p. 250. .

## SPECIAL DISEASES.

## UTERUS.—CONGENITAL DEFECTS.

**CRUISE, Dr. F. R.—Case of Arrested Development of the Female Genital Organs.** Dubl. Quart. Journ., Aug., 1861, p. 21.

The subject of this case was a girl, set. 16, who died of measles. Externally the body was that of a well-developed woman; the nymphæ vestibule, and orifice of urethra natural; the ovaries well developed. The vagina was absent; the only trace of the uterus was a thickening of the peritoneum lining the recto-vesical pouch, situated at the convergence of two cords which were the representatives of the Fallopian tubes, impervious. Round ligaments absent. The author concludes that the arrest of development occurred before the end of the third month, that the Wolffian body was the blighted organ, and more especially its excreting duct.

**GINTRAC.—Congenital Absence of Uterus.** Journ. de Bord., Jan., 1861. Schmidt, vol. 112, p. 186.

The absence of the uterus was ascertained post mortem. The patient, set. 18, had no vagina, the ovaries were present, also the breasts. The clitoris was very large.

**ROKITANSKY, Prof.—Second case of Atresia of the left half of a Uterus Bicornis.** Zt. d. Ges. d. Aerzte z. Wien, 31, 1860.

## VERSIONS, DISPLACEMENTS, ETC.

**AVELING, Dr.—Historical Notes on Displacement of the Unimpregnated Uterus as a cause of Displacement of the Gravid Organ.** Obst. Trans., vol. iii.

The object of this paper is to show that the existence of malposition of the uterus, as a cause of displacement of the gravid uterus, was known to and pointed out by Morgagni and others.

**MASSMANN.—On the Treatment of recent Flexions of the Uterus by means of the Uterine Sound.** Mon. f. Geb., June, 1861, p. 436.

The difficulty of curing old cases of flexion renders it necessary that the disease should be treated as early as possible. The flexion usually occurs after labour or abortion. The author recommends that the moment it is detected the uterine sound be used to reduce the dislocation. In four cases the sound was thus employed, used once in each case; rest and the horizontal posture completed the cure. The flexion prevents the due involution of the uterus after delivery.

**KEILLEE, Dr.—Clinical Report on the Diseases of Women, with observations.** Ed. Med. Journ., Jan., 1861, p. 618.

Twelve cases are here recorded in which the operation for prolapsus uteri resulting from perineal lacerations, &c., was performed. All the cases were cured.

**SCHUB, Prof.—Complete Prolapsus of the Uterus and Vagina in a Virgin.** Wiener Med.-Halle, 1860, 13. Schmidt, vol. 111, p. 187.

GUYON.—*Inversion of the Uterus of twenty years' duration without alteration of health.* Journ. de Méd. et Chir. prat., Feb., 1861.

ROBERTS, Dr. D. L.—*Procidentia Uteri from Perineal Laceration of many years' standing; operation; perfect cure.* Dubl. Quart. Journ., Aug., 1861, p. 19.

#### AFFECTIONS OF CERVIX UTERI.

ELLIS, ROBERT.—*Phases of the Uterine Ulcer.* Lancet, July 6th and 27th, Aug. 24th, Nov. 2nd and 9th, 1861.

The author describes—(1) The diphtheritic ulcer, in which there are small, whitish, smooth and shining patches of different and irregular forms. The affection is very intractable; mild, local treatment is not successful. The Potassa cum Calce or the electric cautery are effectual, the constitutional fault present having been attended to. (2) The fungous ulcer, occurring chiefly in women who have been pregnant. It is dependent, the author believes, on fatty degeneration, with arrest of the involution process after parturition. At first the acid nitrate of mercury is recommended for the cure of this form of ulcer, and afterwards the Potassa cum Calce or the electric cautery. (3) The inflamed ulcer, irritable, red, with small granulations hot and tender to touch, resting on a basis also red, swelled, hard and sensitive. Alteratives, leeches, rest, emollient injections and diet at first, and afterwards recourse to caustics, are recommended. (4) The indolent ulcer, the most common. Stimulants are here to be given internally, also sesquichloride of iron, with nitromuriatic acid; quinine and strychnia. The local treatment consists in application, at first, of nitrate of silver; at a later period, of Liquor Potassæ. (5) The senile ulcer, an intractable, often small ulcer, not often seen under the age of fifty, accompanied with much sympathetic disturbance, though not much pain. The strongest caustics are necessary for the cure.

The author, in conclusion, states that his object is to show that a practical value will be found to lie in a more careful diagnosis of the varied phases of the uterine ulcer.

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CHARRIER.—*On Ulcers of the Cervix Uteri and on Leucorrhœa in Pregnant Women.* Bull. de Thér., Jan., 1861, p. 54. Schmidt, vol. 111, p. 188.

The author records the results of his observations on 100 pregnant women, some of whom were affected with leucorrhœa and ulceration. Leucorrhœa is frequently present in pregnant women who are affected with chloro-anæmia. The leucorrhœa present under these circumstances produces ulcerations. Of 100 pregnant women examined at the eighth month, 56 had leucorrhœa, and 46 of these had ulcerations; of 44 who had no leucorrhœa at that time, 16 had leucorrhœa at the ninth month, and 10 of these ulcerations. That the ulcerations are caused by the leucorrhœa is shown by the position of the ulcers, by the frequent presence of erythematous swelling of the upper parts of the thighs, and by the acid character of the secretions. The indications are to improve the strength and general health of the patient; local measures are objectionable.

**JOULIN.**—*On Pemphigus of the Cervix Uteri.* L'Un., March, 1861, p. 44.

**SIMS, Dr. MARION.**—*Amputation of the Cervix Uteri.* Trans. of Med. Soc., New York, 1861.

The author records three cases in which he operated in a somewhat novel manner. After cutting away the cervix by scissors, he brings the opposite edges of the vaginal mucous membrane together so as to cover the raw surface, securing them by silver sutures. The parts heal by the first intention. In the reprinted edition of the paper six additional cases are related in which this procedure was adopted.

**MAYER, C.**—*On Amputation of Cancroid or Cauliflower Exrescence of the Cervix Uteri.* Mon. f. Geb., July, 1861, p. 12.

The case of a patient set. 52 is related. The amputation was performed with curved scissors, and the cut surfaces touched with the hot iron.

**GREENHALGH, Dr.**—*On the Removal of the Cervix Uteri.* Med. Times and Gaz., Sept. 7th, 1861, p. 237.

A case is related in which an hypertrophied cervix was amputated by the écraseur. The patient did well.

**WELLS, SPENCER.**—*Lecture on some Remediable Causes of Sterility.* Med. Times and Gaz., Dec. 14th, 1861, p. 601.

After enumerating the various causes of sterility, the author alludes particularly to the treatment of cases in which there is contraction of the canal of the cervix uteri. He recommends dilatation of the canal by means of Simpson's metrotome. In cases where this instrument cannot be introduced, the enlargement of the canal is to be effected by means of Coghlan's probe-pointed knife.

**ROTTER.**—*Case of Occlusion of the Os Uteri and Vagina in a Pregnant Woman, with the results of the same.* Wien. Wochensch., 1860, 15.

**WALLER, Dr.**—*Induration of the Cervix Uteri; Uterine Leucorrhœa.* Med. Circ., Feb. 6th, 1861.

#### INFLAMMATION AND TUBERCLE OF THE UTERUS.

**TILT, Dr.**—*On the Antiphlogistic Treatment of Uterine Inflammation.* Lancet, Jan. 12th, 1861, p. 31.

In the treatment of uterine inflammation Dr. Tilt believes bloodletting to be frequently efficacious. The application of leeches, and the circumstances under which they are indicated, are here discussed.

**TILT, Dr.**—*Treatment of Uterine Inflammation by Injections, External Applications, Resolutives, Counter-irritants, Sedatives, Baths, and Dietetics.* Lancet, Feb. 2nd, 1861, p. 106.

The author gives a summary of his views on the treatment of uterine inflammation by the means in question.

TILT, Dr.—*On the Treatment of Uterine Inflammation by Nitrate of Silver and other substitutive agents.* Lancet, Feb. 23rd, 1861, p. 183.

The author here discusses the treatment of uterine inflammation by caustics, and lays down rules as to particular cases. He does not consider nitrate of silver a caustic at all. Applied in different ways, this agent is generally sufficient for the treatment, but in a certain number of cases the stronger are necessary. The author specially alludes to hypertrophy of the cervix as one of the conditions requiring "stronger caustics."

TILT, Dr.—*On the Treatment of Uterine Inflammation by the Acid Nitrate of Mercury, Potassa fusa cum Calce, and Potassa caustica.* Lancet, April 27th, 1861, p. 407.

The author uses the Potassa fusa cum Calce in the majority of cases; in a few cases the Potassa Caustica is considered necessary. The curative effect of the strong caustics is dependent on the healthy inflammatory action they set up.

TILT, Dr.—*On the Dangers attending the use of Potassa fusa cum Culce and of Potassa caustica.* Lancet, June 8th, 1861, p. 556.

The dangers alluded to are,—acute inflammation of the womb, flooding, pelvic abscess, partial or complete retention of the menstrual fluid, owing to agglutination of the opposite lips of the os, production of bridles of nodular tissue in the walls of the vagina, perforation of the vagina. These have resulted from the use of Potassa fusa cum Calce. These accidents occur, it is contended, only in very exceptional cases, and the author defends the use of this caustic on the ground that he feels obliged to try to cure patients by stronger remedies when milder measures fail. The author states that it is his belief that in most of the cases brought forward as instances of the injurious effects of caustic treatment, the Potassa caustica itself had been used.

ROKITANSKY, Prof.—*Acute Tuberculosis of the Puerperal Uterus; Tubercles in the Ovaries.* Wien. Med. Ztg., 21, 1860. Schmidt, vol. III, p. 61.

Tubercle of the uterus originates in the mucous membrane. Not rarely it shows itself on the site of the placenta after the cessation of the puerperal process. It is not unfrequently primitive, but more often secondary. A case is related of a woman, æt. 34, who, having miscarried at the eighth month, died three weeks afterwards. The uterus was the seat of acute tuberculation; lungs tuberculous. In another case related the ovaries were tuberculous.

#### NEUROSES; SYMPATHETIC AFFECTIONS OF UTERUS.

TILT, Dr.—*On the Treatment of Sickness in Uterine Inflammation and in Diseases of Menstruation.* Obst. Trans., vol. iii.

The author believes that nausea and vomiting are especially observed in connection with affections of the lining membrane of the uterus, as internal metritis, whether chronic or acute, whereas these symptoms are rare if neck of uterus alone affected. Continued nausea is more fre-

quent than actual vomiting. The sickness is a reflex nervous phenomenon. Uterine treatment, as leeches to the womb or application of Potassa cum Calce, sometimes checks the vomiting for a period. Besides the regular treatment of the uterine affection, it is necessary to adopt other remedial means. As a preliminary, a full dose of calomel once, with alterative doses of blue pill for a week or ten days after. The known remedies for sickness should then be tried. Other remedies, each of which the author has found very useful in particular cases, are, strychnine; solution of morphine in effervescing draughts; blisters to the epigastrium, dressed with morphine; as a last resource, an issue to the pit of the stomach. When vomiting is protracted, a small quantity of food to be given frequently in the course of the day.

MAYER, C.—*Cure of Epilepsy proceeding from the Uterus.* Mon. f. Geb., Aug., 1861, p. 105.

The treatment consisted in leeching the cervix uteri, application of nitrate of silver, &c., whereby the hyperæmia and extreme sensibility present were removed.

ANCIAUX,—*Nymphomania in a Woman sixty-one years old; its consequences; reflections, medico-legal and pathological, on this subject.* Journ. de Méd. de Brux., March, 1861, p. 249.

#### MENORRHAGIA.

ROCHÉ.—*Menorrhagia occurring at the third menstrual period, and quickly fatal in a Girl aged seventeen; the Uterus empty, and patient in a perfect state of health.* Gaz. des Hôp., Dec. 14th, 1861.

NOURSE, W. E. C.—*On Uterine Fluxes; their causes and consequences.* Lancet, June 29th, 1861, p. 629.

The author enumerates the fluxes from the utero-vaginal tract as—(1) Menorrhagic discharges (excluding those of pregnancy or parturition). (2) Menstrual discharges, menorrhagia, and dysmenorrhœa. (3) Altered discharges, leucorrhœa. Examples of the different varieties of these are given.

#### DYSMENORRHEA.

TILT, Dr.—*Clinical Remarks on the Exfoliation of Mucous Membranes from the Womb and the Vagina during menstrual periods.* Beale's Archiv., Oct. 9th, 1861, p. 26.

The author relates a case in which a membrane resembling the decidua was passed every month, or nearly so, by a married lady the subject of dysmenorrhœa. A case of exfoliation from the vagina is also related. The author considers that exfoliation from the womb occurs as a coincidence of uterine inflammation, that leeches are useful, that use of nitrate of silver is necessary. When stricture of the womb is present dilatation is recommended.

TILT, Dr.—*Case of Exfoliation of the entire Mucous Membrane of the Womb during Menstruation.* Trans. Path. Soc., vol. xii, p. 149.

**COGHLAN, Dr.—*On Dysmenorrhœa and Sterility.*** Med. Times and Gaz., June 1st, 1861, p. 573.

The author advises the treatment by incision of cases of constriction of the cervix uteri. He describes a probe-pointed metrotome which he has successfully employed for this purpose. The edges of the incision made are kept apart by a piece of sheet lead rolled in form of a tube.

#### AMENORRHœA.

**SIMPSON, Prof.—*Clinical Lecture on Super-involution of the Uterus and Amenorrhœa.*** Med. Times and Gaz., Feb. 9th, Feb. 16th, and March 30th, 1861, pp. 137, 163, 325.

The term super-involution of the uterus is used to designate that condition where the disintegrating process set up after delivery goes on to such an excessive degree as to reduce the organ to a size below the normal dimensions. The uterus is smaller and usually also more friable than it should be, and it is an occasional cause of amenorrhœa. Other causes of amenorrhœa are then considered—congenital malformation of the generative organs, retarded menstruation, premature cessation of the menses, constitutional affections, diseases of the organs of generation themselves. The semeiology of this disease is next considered. In addition to those symptoms more usually recognized, the author describes a peculiar form of dyspnoea—“asthma uterinum”—as occasionally associated with amenorrhœa.

**SIMPSON, Prof.—*On the Treatment of Amenorrhœa.*** Med. Times and Gaz., May 18th and June 15th, 1861, pp. 515 and 621.

The author considers *seriatim* the symptomatic, the constitutional, and the specific treatment of amenorrhœa. Under the latter head are enumerated emmenagogues, of which iron in the form of syrup of the perphosphate is most recommended; external applications, as cupping, leeches, baths; injections into the rectum or vagina. The *local* treatment is next discussed. This comprises applications of local emmenagogues, as pessaries, medicated or otherwise, to the vagina; applications to the interior of the uterus, as nitrate of silver to the cervix or interior of the body of the uterus; dry cupping of the interior of the uterus by a peculiar instrument; the wearing of intra-uterine pessaries composed of two metals, copper and zinc; galvanic pessaries; and the use of electricity and galvanism in the ordinary form. Lastly, the author alludes to the treatment of amenorrhœa dependent on an undersized uterus, for the relief of which intra-uterine pessaries are recommended.

**RIZET.—*On Iodine as an Emmenagogue.*** Gaz. Hebd., Jan. 25th, 1861.  
Three cases related in which iodine, internally absorbed, produced menstruation.

**BAILLOT.—*New facts in relation to the employment of Apiol in the treatment of Amenorrhœa and Dysmenorrhœa.*** Bull. de Thér., 1861, vol. 1, p. 217.

In four cases this drug was very advantageously employed.

GALICO and POGGESCHI.—*Apioi in the treatment of Amenorrhœa and Dysmenorrhœa.* L'Impartial. (Florence) July, 1861.  
These observers find the remedy efficacious.

FIBROUS TUMOURS OF THE UTERUS; UTERINE POLYPI.

BARNES, Dr. ROBERT.—*Fibroid Tumour of the Cervix Uteri.* Obst. Trans., vol. iii.

The tumour, of very large size, was external to the vagina, which latter was everted, and the case resembled inversion of the uterus. The large mass was removed by transfixing the neck and tying by double iron-wire ligatures. It came away in five days, and the patient recovered.

BROWN, BAKER.—*On Fibrous Tumours of the Uterus treated by Surgical Means.* Obst. Trans., vol. iii.

The cases considered are those in which intra-uterine fibrous tumours of the non-pedunculated form, grow from the interior of the uterus by a broad base. The author's practice consists in incising the os and cervix uteri, and then gouging out a portion of the tumour by means of an instrument specially devised for the purpose, the remainder of the growth becoming then disintegrated and gradually expelled. This is done once, twice, or more, as may be required. Six cases in which these procedures were carried out are related. Beneficial results are stated to have followed in four cases; one had died of pyæmia, and one was still under treatment. The instruments used, devised by Mr. Harper, consist of a hollow tube of steel, with cutting knives, and within which is a hook which holds the tumour while the gouging is performed.

TANNER, Dr.—*A case of Fibrous Tumour of the Uterus.* Obst. Trans., vol. iii.

There was a fibrous tumour in the posterior wall of the uterus, which gave rise to frequent dangerous haemorrhage, controlled best by mercurials to the extent of salivation. The patient finally died exhausted. There was a large cyst adherent to the fundus of the uterus, and close to it a smaller one.

HABIT, C.—*On the influence of Tumours of the Sexual Organs on Pregnancy and Parturition.* Wien. Zt., 41 and 42, 1860. Schmidt, vol. 110, p. 314.

The influence of these tumours (fibrous tumours, ovarian cysts) is very variable. Cases are related showing that sometimes they have no disturbing influence on pregnancy or delivery, while in other instances the reverse is the case.

VALENTE, Prof.—*Complete Inversion of the Uterus and Vagina in consequence of the spontaneous expulsion of a large Fibrous Polypus.* Wien. Med. Halle, 1861, 19. Schmidt, vol. 112, p. 50.

The polypus measured 21" in circumference. The pedicle was tied and then cut across, and the uterus and vagina replaced. The patient did well.

**TANNER, Dr.—*On the Treatment of Intra-uterine Fibrous Tumours.***  
Lond. Med. Rev., July, 1861.

The author relates six cases of fibrous tumour of the uterus growing into the cavity of the same, and of a more or less polypoid form. In the first case a fibrous tumour of eight years' duration, was removed, and the patient cured. A second case was also successful, the tumour being small. In the third case an attempt to remove the tumour failed, and death occurred. In the fourth a firmly attached tumour was successfully removed; in the fifth an attempt to remove the tumour failed. In the last case death occurred from haemorrhage, a small fibrous tumour being present, and no attempt at removal having been made. There was an external cystic growth present in this instance.

**LUMPE.—*Unusual termination of a Fibrous Tumour of the Uterus.*** Wien.  
Aerzt. Zt., 1860, 29. Ed. Med. Journ., Feb., 1861.

The tumour, of considerable size, was observed gradually to diminish, and calcareous concretions from time to time escaped from the vagina.

**HARPER, PHILIP.—*Instruments for removing Fibrous Tumours of the Uterus.*** Lancet, March 23rd, 1861, p. 292.

**LAUNAY.—*Hypertrophic Elongation of the sub-vaginal portion of the Uterine Cervix, complicated with Fibrous Tumour.*** Gaz. des Hôp., Aug. 10th, 1861.

**ROKITANSKY, Prof.—*On new formation of Uterine Glands in Uterine and Ovarian Sarcoma.*** Ztsht. d. Gesellsch. d. Aerzte zu Wien, 37, 1860.

Rokitansky finds on the surface of polypi uterine glands, either enlarged or new formations: these may change into cysts, and between them the sarcomatous tissue grows.

**LEE, Dr. ROBERT.—*Further observations on the Structure and Treatment of Uterine Polypi.*** Med.-Chir. Trans., vol. xliv, p. 73.

A history is here presented of 105 cases of uterine polypi, being all which have ever come under the author's observation. Of ninety-three cases operated on, eight died and eighty-five recovered. The operation performed was that of applying a ligature round the pedicle of the polypus. The particulars and history of each case are given in a tabulated form.

**DUNCAN, Dr. J. MATTHEWS.—*Large Uterine Polypus.*** Ed. Med. Journ., April, 1861, p. 954.

The patient was single, set. 47. The tumour measured  $5\frac{1}{2}$ " by  $4\frac{1}{2}$ ". It was removed by traction, the pedicle separating as the tumour was being drawn down.

**SMITH, Dr. TYLER.—*Instrument for the removal of Polypi in the Uterus.*** Obst. Trans., vol. iii.

It is essentially the instrument of Gooch, but made of steel, and therefore much stronger and capable of carrying wire, which is used with it instead of cord.

**HICKS, Dr. BRAXTON.—*New Instruments for the removal of Uterine Polypi.*** Obst. Trans., vol. iii.

The principle of the instruments consists in the adaptation of rope made

of annealed steel wire to the shaft of a screw écraseur, the flexibility of the rope is thus combined with the strength of the chain.

**ROKITANSKY, Prof.—*On Abortion and Fibrinous Uterine Polypi.*** Wien.  
Zt., 33, 1860. Schmidt, vol. 110, p. 310.

The possible occasional origin of fibrinous polypi of the uterus in alterations of the membranes after abortion is here discussed.

**SARELL, Dr. R.—*On the Excision of Polypi in the Cavity of the Uterus.***  
Gaz. Méd. d'Orient., iv, 2, 1860. Schmidt, vol. 109, p. 311.

In three successive operations the whole of an intra-uterine polypus of enormous size was removed by the scissors. The bleeding following the operations was inconsiderable.

**GREENHALGH, Dr.—*On the Diagnosis and Treatment of Intra-uterine Polypus.*** Med. Times and Gaz., Oct., 12th, 1861, p. 373.

The author relates a case in which a polypus was removed from the interior of the uterus by the écraseur, the os uteri having been previously dilated by sponge-tents.

**BRAUN, Prof.—*On Intra-uterine Placental Polypi.*** Allg. Wien. Med. Ztg., 1860.

Braun believes that a retained placenta is often the cause of formation of polypus-like bodies in the uterus. Cases and facts are related bearing on this question.

**SMITH, THOMAS.—*A Fibro-muscular Polypus growing from the Uterus, and containing a Cyst and a small fatty Tumour.*** Trans. Path. Soc., vol. xii, p. 148.

**McCLINTOCK, Dr.—*Polypus Uteri; Pudendal Hæmatocoele.*** Dubl. Hosp. Gaz., June 16th, 1861.

**SCHOLZ.—*On Intra-uterine Placental Polypi.*** Oesterr. Zt. f. prakt. Heilk., 1860, 47. Schmidt, vol. 112, p. 189.

**HEWITT, Dr. GRAILY.—*Polypus of the Uterus removed by the Ecraseur.*** Obst. Trans., vol. iii.

**STEIGER.—*Severe Metrorrhagia produced by the presence of an old Blood-congulum in the Uterine Cavity.*** Verh. d. phys. m. Gesell. zu Würzb., 2 and 3, p. 243, 1860. Schmidt, vol. 110, p. 311.

The patient had been the subject of profuse menstruation following pneumonia. Hæmorrhage, which subsequently occurred, was found to be due to the presence of a clot forming a mould of the uterine cavity ; this was removed, although with some difficulty.

#### PERI-UTERINE DISEASES.

**TROUSSEAU, Prof.—*On Hæmatocoele.*** L'Un., Dec., 1861, pp. 566, &c.

Trousseau relates the case of a girl æt. 16, who died on the nineteenth day of typhoid fever. On opening the abdomen, there were found reddish serosity and a large hæmatocele of the right ovary which latter had partially burst into the cavity. The hæmatocele was the size of a hen's egg, and contained a large clot. He then proceeds to discuss the subject of hæmatocoele

in general. He admits two great varieties—the one which has its origin in the ovary, the most rare; and the other tubal or catamenial, which has its origin in the mucous membrane of the tube or its free extremity, and which takes place at the moment of the menstrual flow. In the case of obstruction at the cervix, there may be reflux through the tubes. A case is next related where the effusion of blood took place in the periuterine cellular tissue, and was sub-peritoneal, the ovary itself being diseased. The diagnosis of hæmatocoele is carefully pointed out. Hæmorrhage and peritonitis are the two sources of danger; hæmorrhage is to be treated by haemostatics, local and general, use of ice, rhatany, sulphuric acid, ergot; peritonitis by narcotics, stupifying agents, opium, belladonna. Puncture is reprobated.

MADGE, Dr.—*On Uterine Hæmatocoele.* Obst. Trans., vol. iii (with plates).

The author relates a case which proved fatal, and gives a full account of the history and of the post-mortem appearances. The patient, æt. 24, had had three children, the youngest six years old. The attack began with violent hypogastric pain on the second day of menstrual period, a week after, while recovering she took a walk, during which, the discharge reappeared; faintness and extreme collapse set in; peritonitic symptoms; appearance of a large, tender abdominal tumour next noticed; the tumour filled the pelvis, pushing back the uterus and reaching up to the umbilicus. A few days later discharge of blood from rectum. At next menstrual period, anaemic condition, collapse, &c., again noticed, and following this phlegmasia dolens; after further profuse discharge of blood from rectum, exhaustion supervened, and death. A large cavity forming the hæmatocoele occupied the pelvis; above, the intestines, matted together, formed limit of the cavity; a large clot. The left ovarian capsule was distended and divided into two cells containing clots, and communicating with the hæmatocoele cavity. There was much thickening of the broad ligaments and lining of the pelvis. Both Fallopian tubes impervious; an opening from the cavity of the hæmatocoele into the rectum at its upper third. The case was one of "intra-peritoneal" uterine hæmatocoele, produced by bleeding from the ovarian vessels at menstrual periods, and in which operative measures would have been ineffectual. The differential diagnosis of the affection is touched upon, the author expressing his belief that many cases pass under observation, but are not recognised as such, owing to the limited knowledge of the subject.

PRIESTLEY, Dr.—*Case of Pelvic Hæmatocoele.* Med. Times and Gaz., Feb. 16th, 1861, p. 173.

The patient was married, and had had a child. After menorrhagia of four weeks' duration, severe pain set in, profuse hæmorrhage, suppression of urine, and appearance of a swelling above the pubis. A tumour of large size was found in the pelvis behind the uterus. Hæmorrhage afterwards occurred from the rectum, the tumour gradually diminishing in size. The patient was reported as recovering.

HEGAR, ALFRED.—*A case of Peri-uterine Hæmatocoele, with remarks on the History and Diagnosis of the Affection.* Mon. f. Geb., June, 1861, p. 418.

The age of the patient was eighteen; recovery took place. The author considers it to have been a case of "haematocele extra-peritonealis peri-uterina."

MAGRON, MARTIN, and SOULIÉ.—*Case of Peri-uterine Hæmatocele communicating with the Intestine and the Bladder.* Gaz. des Hôp., Feb. 2nd, 1861.

The patient, æt. 18, had been a mother at fourteen. The attack came on during menstruation, the discharge then ceasing. Death.

MAX.—*Case of Retro-uterine Hæmatocele.* Journ. de Brux., June, 1861, p. 567.

GAUCHET.—*Retro-uterine Hæmatocele.* Gaz. des Hôp., 105, 1860. Schmidt, vol. 109, p. 196.

#### DISEASES OF THE FALLOPIAN TUBES.

TURNER, WILLIAM.—*On Separation and Transplantation of the Ovary, due to atrophy of the Broad Ligament and Fallopian Tube; and on the spontaneous separation of sub-peritoneal Fibrous Tumours of the Uterus.* Ed. Med. Journ., Feb., 1861, p. 698.

The case was that of a dissecting-room subject, æt. 79. One of the ovaries was found attached to, and deriving its nourishment from, the omentum and peritoneum. The ovary was separated, the author supposes, in this way:—There were formerly adhesions between the uterus and pelvis; the ovary had then undergone enlargement, and rising out of the pelvis had become finally separated from the uterus. The ovary in question was the seat of calcareous degeneration, and the Fallopian tube on that side was atrophied and filled with a cretaceous style. In the next place, a calcareo-fibroid tumour, the size of a walnut, was found attached to the bladder, and connected by a thin pedicle with the anterior surface of the uterus. The author gives the result of his inquiries into the history of fibrous tumours of the uterus, founded on an examination of seventeen preparations. The uterine tissue of the upper part of the organ is especially liable to be the seat of these tumours; they have a great tendency to calcareous degeneration; they have considerable vascularity, the vessels, however, lying in spaces between the more compact portions; if a sub-peritoneal tumour be attacked by inflammation of its outer surface, it may easily become separated from the uterus.

ROKITANSKY, Prof.—*On Separation of the Fallopian Tubes from the Ovaries, and on strangulation of the latter by twisting on their axes.* Allg. Wien. Ztg., 2—4, 1861. Schmidt, vol. 110, p. 306.

The author here records a number of cases in which various—hitherto undescribed—alterations in the relations of the tubes and ovaries had taken place. They are classed as follows:—(1) Atrophy and separation of a tube due to dragging by its ovary (three cases). (2) The same thing produced by pseudo-membranous dragging (two cases). (3) Separation of the tube and ovary due to the latter cause (seven cases). (4) Strangulation and separation of the ovary and tube by axial twisting (six cases).

## DISEASES OF THE OVARIES.

**MEADOWS**, Dr.—*Inguinal Hernia of the Right Ovary successfully treated by Operation.* Obst. Trans., vol. iii.

**CORSE**, Dr.—*Fungus Hæmatodes, involving the Ovaries and Uterus, at the age of twelve years.* Am. Med. Journ., Jan., 1861, p. 110.

**BOECKEL**.—*On Menorrhagic Cysts—a variety of Ovarian Cysts.* Gaz. de Strasb., 1861, 5. Schmidt, vol. 112, p. 47.

Under this title the author distinguishes a tumour resulting from ovarian disease conjoined with obstruction in the Fallopian tube, the Graafian follicles emptying themselves into the ovarian cyst. The tumour so found increases in size at the menstrual periods. A case is recorded in which a large tumour supposed to be of this character existed in the left ovary.

**BEERTRAND**.—*Case of Ovarian Cystic Disease tapped thirty-three times.* Mon. f. Geb., Nov., 1861.

The patient had been under treatment nine years, and then died. She was forty-eight years old when she first came under treatment.

**LÖWENHARDT**.—*Death after injection of an Ovarian Cyst with Iodine.* Mon. f. Geb., Oct., 1860, p. 241.

The cyst was a large, simple one. The fluid allowed to remain four or five minutes only. There was much pain from the first moment of injection, and death took place in fourteen hours. A small quantity only of the injected fluid was found in the fluid external to the cyst. Death is attributed to the shock to the nervous system.

**DAVIES**, Dr., and **CURLING**, T. B.—*Case of Ovarian Dropsy, treated by the Injection of Iodine; subsequent evacuation into the rectum.* Med. Times and Gaz., Feb. 9th, 1861, p. 143.

**WELLS, SPENCER**.—*Ovarian Cyst, which proved fatal by spontaneous rupture.* Trans. Path. Soc., vol. xii, p. 155.

**HUNTER, JOHN**.—*Report of a case of Ovarian Disease combined with Pregnancy; tumour got rid of by discharge from the bowel.* Lancet, Jan. 26th, 1861, p. 83.

**BARRY**, Dr. **MILNER**.—*Ovarian Dropsy; rupture of the Cyst internally; case.* Med. Times and Gaz., July 13th, 1861, p. 30.

**BRISTOWE**, Dr.—*Ovarian Tumour; discharge of contents into Abdominal Cavity; condition of Peritoneum simulating Colloid Cancer.* Trans. Path. Soc., vol. xii, p. 150.

The left ovary was much diseased, and contained several cysts, some of which had become ruptured, others ready to rupture; the abdomen contained much jelly-like matter. The author takes occasion to observe that there is, contrary to what is usually supposed to be the case, a great tendency in ovarian tumours to undergo spontaneous rupture, and that such rupture is exceedingly common.

**NÉLATON**, Prof.—*On Ovariotomy.* L'Un., Nov. 30th and Dec. 7th, 1861. Nélaton describes in a clinical lecture the operation of ovariotomy as

practised in London by Mr. Baker Brown, and witnessed by himself. He urges the propriety of adopting the operation in France. Success has attended the operation in England because the conditions under which the patients are placed are the best, the patients operated on being kept in small hospitals, free from the vitiating influence peculiar to the atmosphere in large hospitals. He urges the establishment of small hospitals in the environs of Paris for such operations as ovariotomy.

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SMITH, Dr. TYLER.—*Ovariotomy, with cases; and remarks on the different steps of the operation and causes of its mortality.* Obst. Trans., vol. iii.

The author justifies the operation on account of the favorable comparison which can be made between the mortality from it and that from other capital operations. The results of other modes of treatment of ovarian cystic diseases were shown to be very unsatisfactory. The author relates four cases in all of which the operation was successfully performed. The short incision was employed, the cyste tapped and brought out at the wound. Opium was given sparingly, stimulants on the third or fourth day, in absence of inflammatory symptoms. Especial care was exercised to prevent the operation of miasmatic or contagious influence. The ligature, not the clamp, was employed. Shock or collapse are the cause of death in 17 per cent. of the fatal cases. Hence it is important to operate before state of exhaustion has been reached. Breaking down of adhesions of extensive character alone necessarily produces dangerous shock. Haemorrhage has been fatal in 16 per cent. of the deaths from ovariotomy. This would be prevented by exercise of care in applying the ligature. The ligature should not be left till all bleeding has ceased, and the pedicle should always be transfixated. Peritonitis kills 43 per cent. of the cases as yet recorded unsuccessful. This is due, the author believes, to miasmatic or contagious influence, which can be prevented, and does not necessarily belong to the operation. The peritonitis is like puerperal fever, and is due to some poison introduced from without. This explains the fact that the operation has been far less favorable in general hospitals. Each patient should be treated as we should guard a lying-in woman.

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SMITH, Dr. TYLER.—*Four additional cases of Ovariotomy.* Obst. Trans., vol. iii.

This is an appendix to the former paper. Three out of these four patients recovered. In one case, where recovery took place, the course was adopted of returning the stump and ligature, after cutting it off as closely as possible, into the abdomen, and closing the wound entirely.

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WELLS, SPENCER.—*Three cases of Ovariotomy.* Med. Times and Gaz., May 25th, 1861, p. 545.

In the first case the operation was successfully performed on a patient, single, set. 22, with a large, multilocular cyst of four years' growth. In the second, on a patient, set. 55, also successfully. In the third case, that of a married woman, set. 42, a large compound cyst was removed, but the patient died twenty-four hours after. In the latter case seven pints of a very irritating serum were found in the abdomen, and the author expresses his opinion that where such a secretion is formed it should be

allowed to escape by means of an opening made for the purpose, rather than run the risk of its being absorbed. In conclusion, the author discusses the question of the propriety of operating at all in what may be termed "unfavorable" cases.

WELLS, SPENCER.—*Three cases of Ovariotomy.* Obst. Trans., vol. iii.  
In two of these cases recovery followed the operation; in one, death.

WELLS, SPENCER.—*Ovarian Cysts and Tumours removed by Ovariotomy.*  
Trans. Path. Soc., vol. xii, p. 156.

Specimens from seven cases in which ovariotomy was performed are here described. The cases themselves are related in 'Med. Times and Gaz.' for 1860 and 1861.

WELLS, SPENCER.—*Compound Ovarian Cyst; ovariotomy; recovery.*  
Med. Times and Gaz., Feb. 9th, 1861, p. 145.

WELLS, SPENCER.—*Five cases of Ovariotomy.* Med. Times and Gaz., Nov. 23rd, 1861, p. 528.

These cases include cases No. 25 to 29 inclusive, of this operator. The first case of the five was an unfavorable one for operation, and terminated fatally four days after. The second died on the second day. The third and fourth cases made perfect recoveries; the fifth died.

WELLS, SPENCER.—*On the Treatment of large Ovarian Cysts and Tumours.* Brit. Med. Journ., Dec. 21st, 28th, 1861, pp. 656, 679.

The author gives the conclusions at which he has arrived respecting the treatment of these cases of ovarian disease. When the cysts or tumours are so large as to seriously interfere with health and comfort, and when ordinary medical or palliative treatment is of no avail, the average duration of life does not, under such circumstances, exceed two years. In specific treatment the author has no confidence. When surgical aid is required we are to be guided by the nature and connexion of the tumour in selecting one or other of the following methods:—Simple tapping through the abdominal wall, through the vagina, or through the rectum; tapping, followed by pressure; tapping and formation of a permanent subcutaneous opening in the cyst-wall, or formation of a permanent opening through the skin, vagina, or rectum; incision; tapping, followed by injection of iodine; and ovariotomy. The respective value and dangers of each of these procedures is then canvassed. Tapping is not free from danger. Injection of iodine seems chiefly advisable where the cyst is a single, large one, and where simple tapping has proved useless, and where ovariotomy is forbidden. The author has constructed an instrument by means of which entry of air before or during the injection with iodine is absolutely prevented, and one source of danger removed. A watery solution (20 gr. of iodine and 30 of iodide of potassium in 1 oz. of water) is preferred to the alcoholic. Ovariotomy is a dangerous operation, but it is, the author contends, quite as favorable in its results as many other capital operations. When a cyst is single, it should not be performed until simple tapping, or tapping and iodine, have both been tried. The total number of cases in which ovariotomy was performed by the author is thirty; of these, nineteen recovered, eleven

died. The precautions to be taken in performing the operation are next enumerated, and great importance is attached to their due observance.

CLAY, Dr. CHARLES.—*Ovariotomy and its Results.* Lond. Med. Rev., Aug., 1861, p. 57, and Nov. p. 205.

The author here gives a retrospect of his operations from 1842 to the present time. Respecting the question as to the propriety of the operation, he believes that, with the single exception of cases where a single large cyst is present—which he would treat by tapping and iodine injection—all other methods than that of ovariotomy are futile, and some of them dangerous. The etiology and the pathology of ovarian cystic disease are next discussed, and the differential diagnosis of ovarian from other tumours pointed out. The whole number of cases operated on by Dr. Clay was 104; of these, 97 were under his treatment throughout, the others not so entirely. The deaths were 32, the recoveries 72. Altogether, the author thinks we cannot reasonably hope to extend our success beyond 70 per cent.

BROWN, BAKER.—*Five cases of Ovariotomy.* Obst. Trans., vol. iii.

Of the five cases one had died, one was cured. The other three cases were doing well.

BROWN, BAKER.—*Ovariotomy.* Lancet, April 6th, 1861, p. 343.

Four cases of ovariotomy are related, in three of which recovery took place.

BROWN, BAKER.—*Seven examples of Ovarian Tumour in which Ovariotomy was successful.* Lancet, Nov. 20th, 1861, p. 521.

The success obtained is considered to be to some extent dependent on the course of preparatory treatment here carried out, consisting of warm baths twice a week for three weeks prior to operative measures, and the administration of the tincture of arnica and muriated tincture of iron during the same period, with attention to the general health.

GIBB, Dr., for Mr. BAKER BROWN.—*Polycystic Ovarian Tumour of right side, and Fibrous Tumour of left side successfully removed from the same patient at one operation.* Trans. Path. Soc., vol. xii, p. 154.

BORLASE CHILDS.—*Unilocular Ovarian Tumour in a Woman who had borne six children; ovariotomy; recovery.* Lancet, Nov. 30th, 1861, p. 521; and Med. T. and Gaz., Nov. 2nd, 1861.

MILLER, Dr. HENRY.—*A case of Ovariotomy.* North Am. M.-C. Rev., March, 1861, p. 112. (Patient recovered.)

NUNN, T. W.—*Ovariotomy; death from haemorrhage and peritonitis.* Med. Times and Gaz., Feb. 9th, 1861, p. 143, and Lancet, Jan. 12th, 1861.

COOPER.—*Ovariotomy; death.* San Francisco Med. Press, Jan., 1861.

DAVIES, Dr., and CURLING, T. B.—*Unilocular Ovarian Tumour at one time associated with Pregnancy; ovariotomy; death from peritonitis on the third day.* Lancet, Nov. 30th, 1861, p. 519, and Med. Times and Gaz., April 6th, 1861, p. 363.

KEILLER, Dr.—*Case of Ovariotomy (fatal).* Ed. Med. Journ., July, 1861, p. 91.

**MAUNDER.**—*Polycystic Ovarian Tumours, noticed six months; ovariotomy; recovery.* Lancet, Nov. 30th, 1861, p. 520, and Med. Times and Gaz., Nov. 2nd, 1861, p. 455.

**BARNES, Dr., and CRITCHETT, Mr.**—*Suppurated Cyst in the Abdomen; removal of a ball of hair; recovery.* Med. Times and Gaz., Dec. 14th, 1861, p. 608.

A woman who had had children, presented a tumour the size of a child's head at the left side of the abdomen, above the groin; fistulous openings near the umbilicus. Hairs and pus were discharged from the openings. The fistula was enlarged; a mass of hair and much fetid pus removed; the woman recovered. This is considered to have been a case of suppuration of an ovarian hair-growing cyst.

**BARNES, Dr., and HUTCHINSON, JON.**—*Unilocular Ovarian Tumour, adherent to the abdominal walls; ovariotomy; fatal result on the nineteenth day.* Lancet, Nov. 30th, 1861, p. 522, and Med. Times and Gaz., Nov. 2nd, 1861, p. 455.

**HUTCHINSON, JONATHAN.**—*Ovarian Dropsy; ovariotomy; recovery.* Med. Times and Gaz., July 13th, 1861, p. 31, and Lancet, Nov. 30th, 1861, p. 522.

In this case a violent attack of retching occurred on the fourth day; the central part of the wound gave way, and prolapse of a portion of the omentum occurred, the pins having been removed the previous day. The case, nevertheless, did well.

**HICKS, Dr. BRAXTON, and BRYANT, THOS.**—*Polycystic Ovarian Tumour, previously treated by tapping and injection of iodine; ovariotomy; death in twenty-seven hours.* Lancet, Nov. 30th, 1861, p. 520; also Med. Times and Gaz., Feb. 9th, 1861.

**HICKS, Dr. BRAXTON, and FORSTER, T. COOPER.**—*Case of Ovariotomy; death; autopsy.* Med. Times and Gaz., Nov. 2nd, 1861, p. 454, July 9th, 1861.

**ERICHSEN, Prof.**—*Ovariotomy; death on the fourth day.* Med. Times and Gaz., Feb. 9th, 1861, p. 143, and Lancet, Jan. 12th, 1861.

**HAMILTON, Dr. FRANK H.**—*Case of Ovariotomy.* Am. Med. Times, April 20th, 1861.  
The patient died.

**BENNETT, E. P. and W. C.**—*Ovariotomy successfully performed on a Lady seventy-five years old.* Am. Med. Times, Aug. 10th, 1861.

**COOPER.**—*Ovariotomy successfully performed.* Cinc. Lanc. and Obs., 1861, No. 1.

**ROBERTS, Dr. D. L.**—*Pseudo-colloid Ovarian Tumour, weighing twenty-eight pounds, in which the operation of ovariotomy was performed successfully.* Dub. Quart. Journ., Feb., 1861, p. 43.

#### DISEASES, ETC., OF VAGINA, BLADDER, AND EXTERNAL GENERATIVE ORGANS.

**GUERIN, ALPH.**—*On Vulvitis.* Gaz. des Hôp., Sep. 10th, 12th, 1861.

The diagnosis of vulvitis from syphilitic and other affections of the vulva is very fully pointed out.

THIBIERGE.—*Vegetations of the Genitals during Pregnancy.* Gaz. Hebdo., Feb. 8th, 15th, 1861.

The vegetations appear on the external genitals, and are liable to be confounded with syphilitic excrescences.

LORENT.—*Case of "Lupus Hypertrophicus" of the Vulva.* Mon. f. Geb., Nov., 1861, p. 350.

The treatment finally adopted was amputation; a cure was obtained.

MARTIN.—*Case of "Lupus Exulcerans" of the Vulva; cured.* Mon. f. Geb., Nov., 1861, p. 348.

The patient's age was twenty-five. Fuming nitric acid was applied under chloroform inhalation, and subsequently solution of nitrate of silver.

MAYER, L.—*Clinical observations on the development of Cancroids of the Female Sexual Organs.* Mon. f. Geb., April, 1861, p. 241.

PUECH, A.—*On Atresia of the Genital Passages in Women, and the results of the same.* Comptes Rend., Dec. 9th, 1861, p. 1066.

In 258 cases analysed, rupture from distension by menstrual fluid occurred in eighteen cases; in fifteen others the Fallopian tubes became dilated, and in five of these also rupture occurred.

PATRY.—*Complete absence of the Vagina, with presence of normal Uterus; two operations; cure.* Gaz. des Hôp., 18, 1861. Schmidt, vol. III, p. 186.

The patient was seventeen; the uterus was felt from the rectum, distended with fluid; no vagina. Below the meatus urinarius the mucous membrane was slightly incised, and by means of the index-finger a boring process persevered in at this situation at intervals during eleven days, at the end of which an artificial vagina, three centimetres long, was produced. This orifice was enlarged by sponge-tents, and a trochar then plunged into the fluctuating tumour. The menstrual secretion then escaped; a severe attack of metro-peritonitis followed, but was recovered from. Some months later the closure of the os uteri necessitated a second operation. The patient has been married eight years, but has not been pregnant. Menstruation is regularly performed.

HICKS, Dr. BRAXTON.—*Congenital absence (?) of Vagina; retention of Menses; puncture by the rectum; great relief.* Med. Times and Gaz., Aug. 17th, 1861, p. 164.

The vagina was natural as far as the hymen; no passage could be found above this point.

HICKS, Dr. BRAXTON.—*Retention of Menses from imperforated Hymen; operation; recovery.* Med. Times and Gaz., Aug. 17th, 1861, p. 163.

LONG.—*Operation for imperforate Vagina; recovery.* Med. Times and Gaz., Oct. 12th, 1861, p. 378.

The patient was seventeen years old, well-developed, the vagina very

short, the uterus large and full of menstrual blood. The vagina was first lengthened a little by cutting and by use of tents ; a trochar was then used, and the uterus emptied. Subsequently, it appeared that the uterus had been opened behind the cervix, for the patient afterwards menstruated per rectum. Recovery perfect.

**BARBIERI.**—*Congenital Atresia of the Vagina, with probable absence of the Uterus and Ovaries.* Gaz. Hebd., Sep. 27th, 1861, from Bull. delle Sc. Med.

Breasts well developed ; mons Veneris prominent, covered with hairs. No menstruation or supplementary haemorrhages. Patient aged twenty-seven. Vagina entirely absent.

**GRAF.**—*Atresia of the Vagina, with abnormal Menstrual-path.* Virch. Arch., 1860. Brit. and F. M.-C. Rev., April, 1861, p. 550.

**SIMS, Dr. MARION.**—*On Vaginismus.* Obst. Trans., vol. iii.

Under this term the author designates an involuntary spasmotic closure of the mouth of the vagina : the parts are so extremely sensitive as to offer an almost insuperable obstacle to intercourse. Cases are related in which the affection was present, and in which the treatment adopted and recommended was successful. It consists in removal of the hymen, incision, and subsequent dilatation of the vaginal orifice.

**DEBOUT.**—*On Spasmodic Contraction of the Vaginal Sphincter, and its treatment.* Bull. de Thér., 1861, vol. ii, p. 110.

Debout relates particulars of cases which he has observed, and quotes others. His conclusions are :—(1) That spasmodic contraction of the vaginal sphincter must be admitted as one of the diseases to which the vulva is liable. (2) That after removing the cause dilatation is the proper treatment, although the cutting operation is more speedy. (3) Bladders of caoutchouc are the best means of dilatation. (4) If the sphincter be divided, it should be done on both sides, near the vulvar commissure.

**DEBOUT.**—*Further remarks on the Spasmodic Contraction of the Sphincter of the Vagina, with new cases.* Bull. de Thér., 1861, vol. ii, p. 300.

**MICHON.**—*On a rather rare and generally little-recognised Affection of the Vaginal Orifice.* Bull. de Thér., 1861, vol. ii, p. 154.

The author relates eleven cases in which extreme sensibility and contraction of the vulvar orifice existed. A simple operation was successful, consisting of incising the vulva near the commissure in three places, inserting a tent, and maintaining the dilatation for some days.

**SIMPSON, Prof.**—*Painful Muscular and Fascial Contractions along the Vaginal Canal—Vaginodynbia.* Ed. Med. Journ., Dec., 1861, p. 594.

**APPIA.**—*On Hypertrophy of the Clitoris; case cured by ligature in twenty-four days.* Journ. de Brux., Aug., 1861, p. 142.

The patient was fifty-eight years old ; the tumour, of very considerable size, had been growing for ten years. It was removed by a combined process of cutting and tying.

**CARADEC.**—*Curious case of Fibro-plastic Tumour of the Clitoris, in a young woman at. 24 years; removal.* L'Un., Oct. 17th, 1861.

The tumour was of very considerable size, and was removed by the knife and scissors. The patient did well.

POLLOCK, G.—*Tumour near the Meatus Urinarius of a Female; removal.* Lancet, Aug. 24th, 1861, p. 183.

HUNTER, JOHN.—*On Irritation of the Urethra in Females.* Lancet, May 18th, 1861, p. 480.

The author relates three cases as examples of an affection not, as far as he knows, particularly described in books. The chief symptoms are—incontinence of urine or frequent desire to pass water; much irritation along the urethra and pain, the orifice and canal of the urethra red, congested and tender. Alteratives, rest, astringent injections, and the use of the catheter, were found successful in removing the affection.

CURLING, T. B.—*Stricture of the Female Urethra caused by Injury in Child-birth; cured by dilatation.* Lancet, Feb. 23rd, 1861, p. 188.

RÖSER.—*Incontinence of Urine in a young Woman, due to congenital Epispadias, cured by an operation.* Wurzb. Corr. Bl., 1861, 20. Schmidt, vol. 112, p. 47.

The clitoris was represented by two small, warty prominences; the urethral orifice was very large, and the upper and anterior portion of the canal wanting. The patient, æt. 18, had had incontinence from birth. A plastic operation was performed with the object of bringing the separated parts together; the result was perfectly successful.

HEWETT, PRESCOTT.—*Case of Vaginal Hernia.* Brit. Med. Journ., Sep. 7th, 1861, p. 254.

PAGET, JAMES.—*Profuse Vaginal Hæmorrhage of two years' standing; Fibrous Tumour of the Vagina; enucleation; recovery.* Med. Times and Gaz., Aug. 17th, 1861, p. 161.

The tumour was larger than a hen's egg, hard, fibrous, situated in front of the os uteri, beneath the mucous membrane of the vagina.

LETENNEUR.—*Muscular Tumour of the Vagina.* Gaz. des Hôp., 83, 1860. Schmidt, vol. 110, p. 49.

The tumour was the size of a hen's egg, attached to the anterior wall of the vagina, in a woman æt. 40. It was easily removed.

MARTIN, Prof.—*Case of isolated Cancer of the Vagina.* Mon. f. Geb., May, 1861, p. 321.  
The patient died, æt. 25.

VERNEUIL.—*Malignant Tumour of Vagina, removed by the Écraseur.* Gaz. des Hôp., Sep. 21st, 1861.

M'CLINTOCK, Dr.—*Removal of a large Vesical Calculus during Pregnancy.* Dubl. Hosp. Gaz., March 15th, 1861, p. 82.

The urethra was dilated under chloroform, and a mulberry calculus, two inches and a half round in its smallest circumference, extracted, in the seventh month of pregnancy. The case did well.

WELLS, SPENCER.—*Female Bladder showing the results of Retention of Urine after Delivery.* Obst. Trans., vol. iii.

The coats of the bladder were loose in the cavity; a mass composed of the whole of the mucous membrane detached was found. It was considered that death occurred, and these results followed, in consequence of the catheter not having been sufficiently promptly used.

WELLS, SPENCER.—*A Cast of the Female Bladder.* Obst. Trans., vol. iii.

SIMS, Dr. MARION.—*Clinical Lecture on the Operations for Vesico-vaginal Fistula, delivered at La Charité Hospital, Paris.* Gaz. Hebd., Nov. 22nd, 1861.

The principal points insisted on by the author are—that the best position for the patient is the lateral, that the edges of the fistula should be well pared, that the sutures should be numerous.

BOZEMAN.—*Urethro-vaginal, Vesico-vaginal, and Recto-vaginal Fistulae, &c.* New Orleans, 1860.

The results of treatment by wire sutures in thirteen cases, are here recorded. A permanent closure was obtained in nine out of these.

WELLS, SPENCER.—*Lecture on Vesico-vaginal and Recto-vaginal Fistula.* Brit. Med. Journ., Aug. 31st, Sept. 7th and 14th, 1861, pp. 223, 256, 275.

The author describes the various instruments and manœuvres which have been used for the closure of these fistulæ. The use of the simple wire suture, without clamps or bars, the avoiding injury to the mucous membrane of the bladder, the bevelling of the edges of the newly made raw surface, careful after-treatment,—these are the points insisted on. The lecture is copiously illustrated by woodcuts.

BROWN, BAKER.—*On Vesico-vaginal Fistula.* Lancet, Nov. 23rd, 1861, p. 494.

The method pursued of late by this operator for the cure of vesico-vaginal fistula is here described. Clamps and buttons are rejected, and the only apparatus used to maintain the apposition of the pared surfaces is the wire simply twisted round by the fingers or by the forceps. Seven additional cases form the subject of this paper, of which five were cured by the first operation.

DUNCAN, Dr. MATTHEWS.—*The Operation for Vesico-vaginal Fistula.* Ed. Med. Journ., Dec., 1861, p. 520.

Great and unnecessary complications have been introduced into the operation. The operation consists simply in paring the edges of the fistulous opening, uniting them by interrupted silver sutures, and keeping the bladder empty of urine until union has taken place. The duck-bill speculum and the sigmoid catheter are recommended.

COLLIS, MAURICE H.—*Further Remarks upon a new and successful mode of treatment for Vesico-vaginal Fistula.* Dubl. Quart. Journ., May, 1861, p. 302.

The author's method consists in separation by dissection of the margins of the fistula all round, so as to separate the septum into two portions, before applying the sutures. For sutures thread is used, double, and tightened over a piece of vulcanized india-rubber cord on each side. The object of the separation of the septum is to procure a large raw surface. Ten cases of operation by the author are related; of these, three were cured by his own method, two were under treatment, in one partial closure effected, in one failure after Bozeman's operation had been performed: in two others, cure almost, but not quite, complete.

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JACKSON, EDWARD.—*On a Cure of Vesico-vaginal Fistula.* Lancet, June 15th, 1861, p. 585.

The fistula lay deep, iron-wire sutures and leaden clamps were used. The wound sloughed. A second operation was also ineffectual. After a third operation, the aperture having at that time become much smaller, a cure was obtained.

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LANE, JAMES.—*On Plastic Operations on the Vagina and Perinæum; illustrated by cases.* Lancet, Jan. 12th, 1861, p. 37.

Mr. Lane records the histories of five cases of vesico-vaginal, recto-vaginal, and urethro-vaginal fistula, adding practical remarks upon each.

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FOUCHER.—*Two Fistulæ, one Utero-vesico-vaginal, the other Vesico-urethro-vaginal, in one Patient; cure by the American method (Bozeman's).* L'Un., April, 1861, p. 6.

JOBERT (DE LAMBALLE).—*Vesico-utero-vaginal Fistula, cured in fifteen days.* Gaz. des Hôp., April 23rd, 1861.

JAMES, JOHN.—*Successful Operation for the cure of Vesico-vaginal Fistula with Iron-wire Suture.* Lancet, Oct. 19th, 1861, p. 371.

MERCER ALDER, DR. J.—*Three cases of Vesico-vaginal Fistula successfully treated by Sims's method.* Am. J. Med. Sc., July, 1861, p. 58.

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LEISHMAN, DR.—*Cases of Vesico-uterine Fistula; with an analysis of a calculus found in the os uteri.* Glasg. Med. Journ., Oct., 1861, p. 314.

After remarking on the great rarity of the lesion, and alluding to cases recorded by others, the author relates a case in which a few days after a very severe labour incontinence of urine was noted. Lying on the side, the patient could retain the urine for a quarter of an hour, but when on the back it came away incessantly. The fistulous opening remained for a considerable time, but at the end of a year the incontinence had quite ceased, a natural cure having resulted. A case is then related in which Dr. J. G. Wilson removed a calculus from the os uteri which impeded delivery. There had been incontinence previously, and the calculus, on analysis, was found to be composed chiefly of ammoniaco-magnesian phosphate and phosphate of lime.

## DISEASES OF THE BREAST.

NUNN, T. W.—*On Inflammation of the Breast and Milk Abscess, with an analysis of seventy-two cases.* Obst. Trans., vol. iii.

Fifty-eight of the seventy-two cases occurred during lactation, seven during pregnancy, and seven in women neither pregnant nor lactating. Of the first series the larger proportion, 56 per cent., occurred during the first two months of lactation; during the next seven months only 14 per cent., but after the ninth month 29 per cent.; thus there is evidently a special proneness to the disorder brought about by over-lactation. The latter point it is the author's object specially to substantiate. The hyper-lactation cases were cases marked by presence of physical and mental lethargy, drowsiness, constipation, dyspepsia, &c. The author found each breast equally liable, but that the lower lobes were twice as often affected as the upper ones. As regards treatment, the author reprobates continuous poultices, admitting their occasional beneficial effect where there is great pain present. The recumbent position is of first importance. Belladonna had not given encouraging results. As to incision, the moment for making it should be vigilantly watched for; the opening should be only large enough to ensure sufficient evacuation of the abscess. Galvanism of low intensity he had found especially useful in the treatment of sinus and painful oedema.

ABEGG (Dantzig).—*The Uterine Douche in the treatment of Galactorrhœa.* Mon. f. Geb., Dec., 1860, p. 424.

In two cases, after the uterine douche (warm) had been used for some days, menstruation occurred, and the secretion of milk ceased.

GAIRDNER, Dr. A. K.—*Lecture on Lactatics.* Am. Med. Times, Jan. 12th, 1861, p. 19.

This is a systematic account of "galactics," or promoters of lactation, and "anti-galactics." Under the first head the author refers to liquid food, stimulants, *fœniculum*, *ricinus*, and *jatropha curcas*. Under the second head, belladonna, conium, iodide of potassium, *salvia*, camphor, and some other less active agents. Medicines are also referred to which act as "expellers" of milk, and also those which act as "dispersers" of milk.

URE, ALEX.—*Irritable Tumour of the Breast; absorption under the use of bichloride of mercury.* Lancet, March 30th, 1861, p. 316.

WALTON, HAYNES.—*Cancer of the Female Breast, with Ulceration; operation; long immunity from recurrence of the disease.* Brit. Med. Journ., Dec. 14th, 1861, p. 632.

MOORE, C. H.—*Development of a Cyst in front of a Scirrhouss Tumour of the Breast; removal, together with diseased axillary glands.* Lancet, April 20th, 1861, p. 387.

## DISEASES OF PREGNANCY AND CHILD-BED.

## GENERAL PATHOLOGY.

M'CLINTOCK, Dr.—*Remarks on the Semeiological Value of the Pulse in Child-bed.* Dubl. Quart. Journ., May, 1861, p. 257.

The author points out those cases which form exceptions to the general rule that, when the pulse is not above 80, the patient is going on favorably, and that a pulse of 100 or upwards indicates danger. Where ergot has been given in quantity, the pulse is less frequent by ten or twelve beats. In the early stage of metritis, occasionally, the pulse exhibits no advance in frequency. It is sometimes lowered by an approaching rigor. In pyæmia, although rapidity of pulse is constant, the pulse sometimes falls temporarily very low from extreme exhaustion. With reference to cases where the pulse is rapid, and yet the patient is not dangerously ill, the author mentions three classes of cases; those in which the acceleration is—1, transient; 2, temporary; 3, permanent. Temporary rapidity is often due to sleeplessness or improper use of stimulants. Rapidity of more permanent character is noticed after hæmorrhagic losses, inordinate use of tea, soreness of the nipples; sometimes, when there is valvular disease of the heart; from mental disturbances and other causes.

WERTHEIMER, MAX.—*On the Physiological Relations of the Lochial Secretions.* Virch. Arch., 1861, 21, p. 314.

In eighteen cases the lochial secretion was examined from day to day microscopically, chemically, and otherwise. The results of the observations made are here related. At first the lochial secretion consists of blood with loose clots; after the first day begins an exudation of serous nature, mixed with vaginal mucus and blood, the *lochia rubra*; or whitish red, the *lochia serosa*; the first of the two lasts two or three days, the second, until the third, fourth, or even fifth days. After the third day the secretion contains many flakes, has a peculiar smell, and an alkaline reaction. From the fifth to the seventh or eighth day the secretion is still in part serous. Afterwards it becomes a greenish yellow, white or grayish, and its reaction is neutral or acid. The peculiar smell is almost constant after the fourth or fifth day. Cylindrical epithelium was not detected, contrary to Scherer's statement. The trichomonas vaginalis occasionally present.

HÜTER, V.—*On Prolapsus of the Uterus in Pregnant Women and during Labour.* Mon. f. Geb., Sep., 1860, p. 186, and Oct., p. 259.

Prolapsus may occur at the early part of pregnancy, then spontaneously righting itself or requiring artificial assistance. It may occur in the latter half of pregnancy, or it may occur during labour. Of sixty-nine cases of prolapsus of the gravid uterus, ten were in primiparæ and twenty-seven in multiparæ. In fourteen cases the prolapsus first occurred during labour; in eight of these, however, there had been prolapsus before pregnancy took place. In eight cases premature delivery took place, and in two death resulted from incarceration of the uterus, the result of the prolapsus.

Artificial help was generally necessary to complete the delivery, the dilatation of the os uteri taking an unusually long time. Reduction of prolapsus during pregnancy should always be attempted and usually succeeds. Pessaries to retain the uterus *in situ* are to be used. In no case did the use of a pessary bring on premature labour. If reduction cannot be effected, a suspensory bandage to be worn. If strangulation occur, premature labour to be artificially induced. Attempt to reduce prolapsus occurring during labour succeeded six times. Incisions of the os uteri are necessary in a certain proportion of cases of the latter kind in order to expedite delivery.

**MEISSNER, E. A.—*On Rheumatism of the Gravid Uterus.*** Mon. f. Geb., July, 1861, p. 39.

After a preliminary historical examination of the subject, the author relates a case which came under his observation, the subject of which was a patient aged twenty-four. The affection is, he believes, a sensorial and motorial neurosis of the uterus produced by peripheric irritation of cold. The case was treated by repeated warm applications to the abdomen, and small doses of ipecacuanha and opium.

**PIGEOLET.—*On Peritoneal Dropsy as a complication of Pregnancy.*** Journ. de Brux., Oct., 1860. Schmidt, vol. 110, p. 52.

The prognosis in such cases is very much more unfavorable when the effusion occurs at the early part of pregnancy for the first time. The general treatment indicated depends on the condition causing the dropsy. Tapping may become necessary as a local measure. The several methods of performing this operation are then described.

**GAUCHET.—*Idiopathic Contraction of the Extremities during Pregnancy.*** L'Union, 98, 99, 1860. Schmidt, vol. 109, p. 55.

**LIZÉ.—*On the Lumbo-abdominal Neuralgia of Pregnancy.*** Gaz. des Hôp., April 23rd, 1861.

#### EXCESSIVE VOMITING IN PREGNANCY.

**TURNER, Dr. W. M.—*On Vomiting in Pregnancy; considered especially in regard to Etiology.*** Am. Med. Times, March 16th, 1861.

The pressure exercised by the gravid uterus on the blood-vessels is, the author believes, the cause of the vomiting.

**PERRIN.—*Case of Irrepressible Vomiting due to the presence of a "Môle dégénération."*** L'Un., Feb. 1861, p. 444.

**FERRAND.—*On obstinate Vomiting in Pregnancy.*** L'Union, 58, 1861. Schmidt, vol. 109, p. 197.

Two cases are related in which cure followed, in one case application over the stomach of Vienna paste and tincture of iodine, and in the other of moxas.

**AUBENAS.—*Case of obstinate Vomiting in Pregnancy.*** Gaz. de Strasb., 6, 1860. Schmidt, vol. 109, p. 197.

In this case artificial abortion was induced, but the patient died, the operation having been, in the author's estimation, too long deferred.

PUERPERAL FEVER, PUEPERAL PERITONITIS, PHLEGMASIA DOLENS,  
PUERPERAL THROMBOSIS, ETC.

SEMELWEIS.—*The Etiology, Nature, and Prophylaxis of Child-bed Fever.* 8vo, Pesth, 1861, pp. 539.

This elaborate work contains data collected from all available sources respecting puerperal fever, the statistics and mortality of lying-in hospitals, &c. The author's opinion is that puerperal fever arises from introduction of putrescent matter into the system, the origin of the infecting *materies* being various. All the facts observed by the author go to prove that the disease is produced by infection from putrescent matters, introduced by means of the finger into the genital passages or conveyed by the air of the chamber. In Pesth the disease was produced by handling of the genital passages of parturient women after performance of surgical operations; two epidemics which occurred later were produced by use of towels unwashed and impregnated with blood and discharges. The author considers the disease to be a "resorption-fever," the infection being in by far the majority of cases introduced from without, and that in only a very few cases is the individual herself the producer of the infecting material. Child-bed fever is thus a variety of pyæmia. To a more accurate appreciation of this fact the author attributes the more favorable results obtained in the lying-in hospitals in England than in those on the Continent. The placing a large number of lying-in women in one chamber is in the highest degree favorable to the production of the puerperal miasma.

WEST, Dr. UVEDALE.—*Illustrations of Puerperal Diseases.* Glasg. Med. Journ., April, July, October, 1861, and Jan., 1862. (Published separately, 8vo, London, Churchill.)

The author first alludes to the view expressed by Cazeaux, that in puerperal fevers we have a disease presenting itself with the most varied lesions, that we usually have with it an anæmic and even uræmic condition present, and that it is in the blood that we must seek the *point de départ* of puerperal diseases. A large number of cases, seventy-one in all, which occurred under the author's observation are then related in detail. These are arranged in groups, and are intended to illustrate to some extent, the truth of the position taken up by Cazeaux. The first group described are cases of cerebral excitement and disorders of mind in the puerperal state regarded as a variety of puerperal fever. Other groups are,—illustrations of the pyogenic diathesis; salutary elimination of a *materies morbi*; diarrhea as a variety of puerperal fever; puerperal fever regarded as a sthenic disease, &c. The groups so arranged melt insensibly one into the other, although each are distinguished by certain salient features, and hence the proof of the oneness of the disease. But although nearly all puerperal febrile affections are one disease, the author emphatically insists on the fact that the various manifestations of that disease require varying and shifting methods of treatment, the main distinction to be made being that between the sthenic and the asthenic varieties of them.

Fox, Dr. TILBURY.—*On Puerperal Fever.* Obst. Trans., vol. iii.  
The author here relates the history of puerperal fever as it was observed

in the General Lying-in Hospital from 1833 to 1858. The mortality on 5833 labours was 3·085 per cent. The author insists on the fact that much has been mixed up with puerperal fever which is foreign to it; that puerperal fever is a compound of acute specific diseases, local conditions, severe pain, with excess of reaction. The author contends that, after eliminating these the large majority of the cases in the hospital alluded to were attributable to erysipelas, and he draws the deduction that the poison of erysipelas is the cause of the phenomena witnessed, the slight laceration often occurring being the starting-point. A number of cases are related to prove the various positions taken up by the author.

The following are some of the practical conclusions formed by the author:—That in the treatment attention has been directed almost entirely to the *local* conditions, to the neglect of the general blood-state; that the saline treatment is rather injurious than beneficial, decidedly so where tympanitis exists, and the latter is increased by the former; that the exhibition of calomel is not followed by any definite good, but frequently induces uncontrollable diarrhoea, intestinal irritation, &c.; that the symptoms of puerperal fever frequently set in after, and seem to specially follow, the free action of purgatives; that constipation is the rule after haemorrhage, and is conservative; that the erysipelatous poison spends itself, as it were, upon the internal rather than the external tissues, its outward evidences being deficient, partly, perhaps, on account of retardation by haemorrhage, bleeding, &c., and that all lowering treatment, except at the earliest stage, is absolutely bad.

**PIHAN-DUFEILLAY.**—*Contributions towards an account of the relations which subsist between Puerperal Fever and Epidemic Erysipelas.*

L'Un., Aug. 24th, 27th, Sep. 7th, 1861.

The author adduces observations at the St. Louis Hospital in Paris to show that the two affections, puerperal fever and traumatic erysipelas, act one upon the other, and engender each other mutually.

**RETIUS, Prof.**—*Puerperal Erysipelas Phlegmonodes.* Mon. f. Geb., March, 1861, p. 191.

The disease was observed in the lying-in hospital at Stockholm in the spring of the year 1860. The institution was at the time over-crowded, so much so that due attention could not be paid to cleanliness. The disease assumed a very severe form.

**VON FRANQUE.**—*On Puerperal Fever.* Würzb. Med. Zt., 1860, p. 360. Schmidt, vol. III, p. 63.

During the first half of 1860, 188 women were delivered in the obstetric clinic, of whom forty-four had puerperal fever, and fourteen died; nineteen others were taken to the St. Julius Hospital, of whom seven died. Out of the 188 deliveries, twenty were terminated artificially; five of the deaths belonged to those operated upon.

**WEBER.**—*On an Epidemic of Puerperal Fever at Prague.* Mon. f. Geb., Dec., 1860, p. 419.

The causes of the spreading of the disease were to be found in the over-crowded, imperfectly ventilated state of the hospital. Women were most likely to be affected who had lost much blood, during or after labour.

Those were most severely affected in whom there was a microscopically proved increase in the colourless corpuscles of the blood.

LANGE.—*On the theory of Semmelweis as to the cause of Puerperal Fever.*  
Mon. f. Geb., Nov., 1861. Report of meeting German Naturalists,  
&c. (Obstetric Section), at Spires, 1861.

Lange's experience at Heidelberg enables him to confirm the truth of the theory in question. A great diminution in the mortality followed the adoption of preventive means suggested by this view of the case.

HOFFMANN.—*On Puerperal Fever.* Bayer. Aerzt. Int.-Bl., 3, 1861.  
Schmidt, vol. 110, p. 188.

The author enumerates the arguments to be adduced respectively in favour of a "parasitic" theory of puerperal fever, of a chemical theory, of the theory which asserts the identity of puerperal fever with pyæmia.

DRUITT, Dr.—*A case of Puerperal Fever complicated with Diphtheria in which life was saved by the Tincture of the Sesquichloride of Iron.*  
Obst. Trans., vol. iii.

The patient, in an exhausted state and sinking from diarrhoea, uncontrolled by other treatment, got well after taking three fluid ounces of the tincture in five days. The author considers much was due to the quantity of the drug administered.

MARTIN, Prof. E.—*Epidemic of Puerperal Colpitis and Endometritis.*  
Mon. f. Geb., Sep., 1860, p. 161.

The epidemic occurred in the winter of 1859-60, attacked thirty-one patients, of whom eleven died. Metritis and diphtheritic colpitis were constantly observed. Imperfect contraction of the uterus; coagula in uterine veins either wanting or converted into purulent masses. Pus also in lymphatics.

MARTIN, Prof.—*On Salpingitis as a cause of Puerperal Peritonitis.*  
Mon. f. Geb., March, 1861, p. 163.

Two cases are related in which the peritonitis followed the inflammation of the tubes.

BARNES, Dr. ROBERT.—*On a case of Peritonitis caused by escape of Pus from the Fallopian Tube into the Abdominal Cavity, following on Abortion artificially induced.* Obst. Trans., vol. iii.

In the case related the patient died of metritis and peritonitis following artificial premature labour. The symptoms of this affection, of which this is, the author believes, the first case recorded in this country, are, as follows:—At a stage when the involution of the uterus has reached a certain point, the enlarged tubes may be felt; on escape of pus occurring, sudden pain follows, then fever. An account of the researches of others on the same subject precedes the account of this case.

CADY, Dr.—*Puerperal Peritonitis successfully treated with large doses of Opium.* Am. Med. Times, Aug. 3rd, 1861.

SIDEY, Dr.—*Case of Recurrent Puerperal Erysipelas.* Ed. Med. Journ., July, 1861, p. 88.

**PADOVANI.**—*Puerperal Fever from Thrombosis of the Uterus.* Ann. Univ., Aug. and Sept., 1861, p. 498.

**DE LATOUR.**—*Rapid cure of Phlegmasia Alba Dolens by Collodium.* L'Union, 7, 1861.

The collodion, mixed with castor oil, was applied over the whole limb, and appeared to have a beneficial effect.

**CUMBERBATCH.**—*Case of Phlegmasia Dolens.* Lancet, April 27th, 1861, p. 413.

#### PUERPERAL CONVULSIONS.

**BRESLAU (Zurich).**—*On Eclampsia in Child-bed.* Mon. f. Geb., Dec., 1860, p. 414.

In a case related eclampsia occurred five days after labour; after the attack albumen was found in the urine, but not before. After the attacks ceased the albumen disappeared. The convulsions set in with so-called uræmic symptoms. The author states that the facts are adverse to the theory of Frerichs and Braun, for no unusual quantity of urea was found in the blood examined during the attack, and no carbonate of ammonia, while the quick cessation of the albuminuria was against the presence of Bright's disease. The albuminuria, he believes, was caused by the distended condition of the lower vena cava produced by the convulsions.

**HARPER, ROBERT.**—*On three cases of Puerperal Convulsions.* Lancet, June 22nd, 1861, p. 607.

In the three cases the convulsions commenced respectively before labour began, during labour, and eleven hours after its completion. In the first case the patient was extensively bled, and did well. In the second the patient was not bled, and recovered. In the third leeches were employed to the head and abdomen; the patient died. The author believes that the non-employment of bleeding has become a "fashion" in this affection, and that the old treatment will, after a time, be returned to.

**LANSDOWN.**—*Chloroform for Puerperal Convulsions during Labour.* Lancet, June 1st, 1861, p. 544.

The author relates three cases in which chloroform was used with marked benefit.

**LIEGARD.**—*On the employment of Anæsthetics in Eclampsia and Hysteria.* Gaz. des Hôp., March 16th, 1861.

Chloroform always prevents eclampsia when imminent, and almost always cures it when present, but it must be given immediately, and in full doses.

**WILSON, F. W.**—*On a case of Epileptic Puerperal Convulsions.* Lancet, May 4th, 1861, p. 432.

The case is recorded as interesting, from the fact of chloroform having exerted a marked influence in arresting the fits both during and after labour.

ANDREWS, Dr.—*On Puerperal Convulsions.* Lancet, Aug. 10th, 1861.

Five cases of puerperal convulsions are here related. The patients survived in all the cases.

JOLICLERC.—*Eclampsia; complete loss of consciousness for fifty-six hours; death.* Gaz. des Hôp., Feb. 7th, 1861.

Chloroform was used and the forceps applied; a child was extracted, which had been dead three days. The mother died.

SAILLY.—*On Albuminuria as a means of diagnosis of Epilepsy from the Eclampsia of Pregnant Women.* Gaz. des Hôp., April 27th, 1861.

GOURIET.—*Unusual case of Eclampsia; employment of Fumigations of Nitrate of Polash and Stramonium.* Gaz. des Hôp., April 9th, 1861.

LOW, Dr. W. C.—*Case of Puerperal Epileptic Convulsions.* Ed. Med. Journ., April, 1861, p. 898.

WEST, Dr. UVEDALE.—*A case of Epileptiform Convulsions in the third week of the Puerperal State.* Obst. Trans., vol. iii.

BRUCE, Dr.—*Case of Puerperal Convulsions.* Ed. Med. Journ., Sept., 1861, p. 285.

KEHRER.—*Eclampsia Puerperalis in connection with Fungus of the Dura Mater.* Mon. f. Geb., Sept., 1861, p. 228.

DUNCAN, JAMES.—*Opium in Puerperal Convulsions.* Med. Times and Gaz., Aug. 10th, 1861, p. 147.

The author has found large doses of opium remarkably efficacious; seventy to ninety drops of the tincture in one large single dose is preferred.

WITTEN, E. W.—*Opium in Puerperal Convulsions.* Med. Times and Gaz., June 20th, 1861, p. 683.

PAGE, Dr. FRED.—*Puerperal Convulsions successfully treated by Chloroform.* Brit. Med. Journ., April 13th, 1861, p. 386.

LEMARLEY.—*Eclampsia during Pregnancy; death; Cæsarean Operation two hours after.* Gaz. des Hôp., April 20th, 1861.

The child was extracted stillborn, apoplectic. Efforts to resuscitate were continued during forty minutes, at the end of which the heart ceased to beat. Auscultation detected the heart-beat before the operation was begun.

#### NEW INSTRUMENTS.

ELLIS, ROBERT.—*On Cauterization by Electric Heat in certain Disease of Women.* Obst. Trans., vol. iii.

The author advocates the employment of cauterization in preference to other methods of treatment in certain diseases of women, one great advantage being the remarkable contraction following in the course of healing and subsequently. He contends that the pain produced by cauterizing at a white heat is probably not so great as that produced by the use of less powerful caustics. Hitherto the great obstacle to the employment of the electric cautery has been the size, cost, and complicated form of

battery required. The author has invented and produced a new form of battery, a single cell, in which the platinum is so arranged as to offer a very large surface, and the heating power is very intense. The platinum roll is, on section, of a stellate form. The whole instrument is very inexpensive, extremely portable, and most efficient. As made by the author, its cost was under twenty shillings. The new instrument will be found of value for the treatment of obstinate ulcerations and congestions of the cervix uteri, vascular growths from the os and canal of cervix, for the removal of vascular tumours of the urethra, and in the treatment of certain other conditions giving rise to intense pain and pruritus.

GRÜNEVALDT, Dr.—*The Galvano-caustic in Gynæcology.* Petersb. Med. Zt., 1861.

NAEDELIN.—*Observations on the various forms of Pessaries; description of a new Hysterophor.* Memorabil., v, 10, 1860. Schmidt, vol. 110, p. 311.

The new pessary here described is a modification of the Kiwisch-Roser instrument. It has its fixed point on a moulded plate outside the vulva, and allows the use of injections.

[To be procured of Gwinner, the maker, Stuttgart.]

COMBES, E.—*The Elytroid, a new form of Pessary.* Gaz. des Hôp., Dec., 1860, and Jan., 1861.

The peculiarity of the pessary consists in its shape, which is made to resemble that of the vaginal canal.

WEISS.—*Improvement in the Speculum.* Lancet, April 27th, 1861.

The improvement consists in covering the speculum by a thin caoutchouc sheath, by which pinching of mucous membrane is avoided, and in substituting for the wooden tampon a caoutchouc bag filled with water.

TOBOLD.—*On an Illuminating Apparatus adapted to Gynæcological Purposes.* Mon. f. Geb., July, 1861, p. 6.

SPENGLER.—*The "Colpoluter;" a Gynæko-balneological Instrument.* Balneol. Ztg., 1860, 21. Schmidt, vol. 111, p. 186.

This is a speculum to be used while the patient is in the bath, and by means of which the fluid obtains access to the os and cervix uteri.

AUERBACH.—*The "Pharmakophor."* Preuss. Ver. Ztg., iii, 47, 1860. Schmidt, vol. 109, p. 310.

Under this name the author describes an instrument by means of which injections can be retained in the vagina, and thus more efficiently applied.

SIMPSON, Prof.—*New Injecting Apparatus.* Ed. Med. Journ., Dec., 1861, p. 595.

A caoutchouc tube is adapted to the mouth of a bottle, or to a tin vessel, and being placed above the patient the fluid is propelled by the action of gravitation alone.

## PART III.—DISEASES OF CHILDREN.

## GENERAL TREATISES, HYGIENICS, FEEDING, STATISTICS, ETC.

GERHARDT.—*Text-book of Diseases of Children.* Tübingen, 1860, Laupp, pp. 320.

BOUCHUT.—*The Laws of Infantile Mortality.* Gaz. des Hôp., Oct. 29th, 1861.

VOGEL.—*Manual of the Diseases of Children.* Erlangen, 1860, pp. 592.

BARRIER.—*Practical Treatise on the Diseases of Infancy, based on large clinical experience.* 3rd ed. Paris, 1861, pp. 720, 736.

GERHARDT.—*A Manual of the Diseases of Children.* Tübingen, 1861, pp. 501.

LITTLE, Dr.—*On the influence of Abnormal Parturition, Difficult Labour, Premature Birth, and Asphyxia Neonatorum, on the Mental and Physical Condition of the Child, especially in relation to deformities.* Obst. Trans., vol. iii.

This is an essay, the doctrines propounded in which are based on a large number of observations and cases; the latter are given fully and in a tabulated form. The object is to show that, during the period of birth, very serious and peculiar evils are occasionally imprinted upon the nervous and muscular systems of the nascent organism. Premature birth, difficult labours, mechanical injuries to the head and neck where life is saved, and convulsions following the act of birth, are, the author believes, and as he has on former occasions asserted, apt to be succeeded by what he terms "spastic rigidity." He has met with probably 200 cases in orthopaedic practice, of spastic rigidity or paralysis from this cause. At the moment of birth, the placental circulation having ceased, if pulmonary respiration be not directly established, "asphyxia neonatorum" follows, and necropsy has proved in many instances the presence of ecchymoses on the serous surfaces, intense internal congestions, blood extravasations in the cranial cavity, in the sinuses, beneath the membranes, &c., and these results independently of mechanical injury. When death does not occur and the infant survives, these conditions having been present, spastic rigidity, paralysis, or even idiocy, may result. This spastic rigidity is an impairment of volition, with tonic rigidity and ultimate structural shortening of certain muscles. In the forty-seven cases of persistent spastic rigidity appended, some abnormal circumstances had attended the act of parturition or the process of birth. The presence of convulsions also after birth was frequently noted. In one case only was opportunity afforded by post-mortem examination for confirming the position taken up, and for ascertaining the condition of parts when spastic rigidity was present. The anatomical conditions expected to be found would be—atrophy of the brain, chronic meningitis with effusion, chronic meningeal hyperæmia or myelitis. This was confirmed by what was observed in this single case. The author next proceeds to trace the connexion between these accidents during birth and other affec-

tions of early life,—protracted inability to suck, liability to laryngismus stridulus, &c.

**HALL, Dr. A., and DAVID, Dr.—***Will a Child born after the Mother has had Smallpox, and contracted after she has conceived, be liable to contract the disease?* Brit. Amer. Journ., Feb. and March, 1861.

Two cases are related in which vaccination was attempted and failed, when the mother had had smallpox as above. No pitting of the children's skin was observed. Dr. David relates a third case precisely similar.

**BOUCHUT.—***On Growth in relation to the Diseases of Children.* L'Un., Dec. 12th, &c., 1861.

The author has made an extended inquiry into the rate of growth in health and disease in children. The results of these inquiries are here given:—Under the influence of eclampsia, the simple febrile state, and some acute diseases, the growth appears considerable, and the increase in height is from one to three or four centimètres. During the convalescence a portion of this increase is again lost. The author's conclusions as regards treatment are:—Where the child does not grow, rachitis may be suspected, and the whole regime and manner of living must be changed. Milk diet is to be given, meat not to be given, or vegetables or wine, and the patient must have country air, salt baths, and cod-liver oil. If the growth be too rapid, milk is to be given in less quantity, cold affusions and baths to be employed, and the patient directed to take walking exercise: sleep to be limited to seven hours on a hard bed.

**FAURE.—***Some facts relative to the Vitality of the Fœtus.* Gaz. des Hôp., May 14th, 1861.

The facts cited show that even the cessation of the sound of the heart-beat is not necessarily indicative of death.

**PLOSS.—***On Mortality in Childhood, as affected by elevations and by the fruitfulness and mode of employment of the population.* Vogel and Nasse's Arch., 1861, vol. vi, p. 117.

**PLOSS.—***Statistical Researches on Mortality in Childhood.* Schmidt's Jahrb., 1861, vol. 112, p. 323.

**GAIRDNER, Dr. W. T.—***On Infantile Death-rates in their bearing on Sanitary and Social Science.* Glasg. Med. Journ., April, 1861.

**MOORE, Dr. W.—***On the more prominent causes of an Excessive Mortality in Early Life.* Dubl. Hôsp. Gaz., Aug. 15th, 1861, p. 246.

The most prevalent causes are summed up as follows:—(1) Defective vitality at birth, transmitted by parents. (2) Mismanagement of parents or nurses with regard to food, dress, &c. (3) Deficiency of light, air, ventilation, ignorance of physiological laws and pathology and therapeutics of early life.

**LE BABILLIER.—***On Vaccination of New-born Children.* Gaz. des Hôp., Sept. 14th, 1861.

**LUZZINSKY.—***Fifth Report of the Children's Hospital (Mariahilf).* Journ. f. Kind., March and April, 1861.

This report refers to the year 1859, and contains statistics of 4166 cases treated.

BIERBAUM, JOSEPH.—*Observations on Diseases of Children.* Journ. f. Kind., 7 and 8, 1860, p. 56.

Cases of cephalhaematoma, chronic hydrocephalus, tubercular meningitis, spina bifida, trismus and tetanus, sclerema, essential paralysis, general emphysema in hooping-cough, zoster, pseudo-erysipelas, umbilical hernia, &c., are here related.

FAYE, Prof.—*On the Diseases of Infants observed in the Lying-in Institution at Christiania during the years 1855—1857.*

BAURNFEIND.—*On the Mortality in Children in Vienna in the year 1859.* Jahrb. f. Kind., 1860.

KRONENBERG.—*Report of the Children's Hospital, Moscow, for the year 1859.* Journ. f. Kind., Jan. and Feb., 1861, p. 89.

LE BARILLIER and BITOT.—*Report on the Children's Hospital at Bordeaux for the years 1859 and 1860.* Journ. f. Kind., Jan. and Feb., 1861, p. 96.

WIDERHOFER.—*Report on Prof. Mayer's Clinic for Children's Diseases in St. Ann's Hospital, Vienna.* Jahrb. f. Kind., 1860, vol. iii, p. 255.

BIERBAUM.—*Selections from Observations of Diseases in Childhood.* Journ. f. Kind., Sept. and Oct., 1861, p. 161.

ZUIREK.—*On the dietetic value of "Auerbach's Malt-powder."* Journ. f. Kind., 5 and 6, 1860.

According to results of careful analysis, this powder contains nutritious matters in the proportion nearest resembling that of human milk, and is therefore well adapted as a food for infants.

BAINES, Mrs.—*Infant Alimentation; or artificial feeding as a substitute for breast-milk considered in its physical and social aspects.* Lancet, Jan. 12th, 1861, p. 33.

SCHARLAU.—*On the Feeding of Infants.* Med. Cent. Ztg., 29, 22, 1860. Schmidt, vol. 109, p. 61.

HERVIEUX.—*Simple and practical means of vanquishing the resistance offered by Infants to Ingestion of Food or Medicaments.* Bull. de Thér., 1861, p. 246.

The infant or child is to be laid on the back across the knees of the nurse, with the head a little down. The nostrils being then held by the fingers, and the substance inserted in the mouth, the necessary act of swallowing is at once performed.

#### DISEASES OF THE BRAIN, SPINAL CORD, AND ORGANS OF THE SENSES.

RILLIET.—*Historical and critical researches on Auscultation of the Cranium in Children.* Journ. f. Kind., July and Aug., 1860, p. 1, and Brit. and For. M.-C. Rev., April, 1861, p. 374.

JENNER, Dr.—*On Tuberculosis, and the evidences of the deposit or formation of Tuberclie in the Child.* Med. Times and Gaz., July 6th, Oct. 26th, 1861.

The eye is the great inlet of knowledge as regards the presence of tuberculosis in the child; its characteristic features are best marked when the tuberculosis is transmitted hereditarily. The child is lovely, tall, limbs straight and thin, skin delicate and transparent, eyes bright, pupils large, lashes long; the child is forward, intelligent, clever, lives rapidly, cuts its teeth early, runs alone soon; the bones are thin, the cartilages weak and at the end of the long bones deficient in thickness, the ribs are firmer than in health, contrasting thus remarkably with the condition present in rickets. The lungs are small, the vesicles some of them dilated. The thorax presents three varieties in shape, the long, the long and narrow, and the pigeon-breasted form. The latter is the effect of repeated catarrhs affecting the lower lobes of the lungs of a child whose lungs are small, and the driving forwards of the sternum by the indrawing of the lower ribs.

The characteristic of tuberculosis in the child is this, that it affects a large number of organs, though there may be a small deposit only in each. The deposit may occur rapidly or slowly. In acute cases, the diagnosis rests mainly on irregular febrile disturbance, i. e. the high but variable temperature lasting for some time, and the steady loss of flesh, with the absence of local lesion of a grave kind. The gravity of the case is often overlooked till too late. The acute form is frequently recovered from. The subject of chronic tuberculization is next considered. Cutaneous and subcutaneous tubercles are important as evidence of a profound constitutional taint; the bones are frequently affected in these cases. The lymphatic glands are more often than any other organs the seat of tubercle in the child. The diagnosis of enlargement of lymphatic glands due to tubercle from other kinds of enlargement is very fully indicated by the author, who describes the characters of tubercular enlargement, first as regards the superficial lymphatic glands, and secondly as regards the internal lymphatic glands, the bronchial and the mesenteric. Tubercular disease of the mesenteric glands is very rarely the cause of a large abdomen in the child; children under three years of age have rarely large deposits of tubercle in the mesenteric glands, while they have often an exceedingly large abdomen. The only positive evidence of tubercle in this position is detection by the hand of the large glands. The tumour is to be distinguished from faecal accumulations by its seat, shape, by the odour, colour and consistence of faeces passed, and by the effect of enemata. Diarrhoea is frequently present in mesenteric tuberculosis; there may be ascites, and there is generally emaciation. Tuberculosis of the peritoneum is next described, the symptoms of which are usually those of chronic peritonitis—the abdomen is distended, hard, resonant, painful and tender, there are emaciation, digestive derangement, constipation or diarrhoea. After a time, when adhesions occur, a solid, massy sensation is communicated, and there is fluctuation. A peculiar expression of face, a worn, anxious look, and a care in movement, are characteristic symptoms. The diagnosis of bronchial tuberculosis is often obscure. Tubular breathing, distension of veins of neck, slight oedema of face, cough, spasmoid breathing, noisy inspirations like those of hooping-cough or laryngismus

stridulus, these are some of the more important signs. It is only when very large that the presence of tubercles in these glands can be actually ascertained.

WEST, Dr. CHARLES.—*On Cerebral Symptoms independent of Cerebral Disease.* Med. Times and Gaz., April 6th, 1861, p. 353.

In this lecture the author calls attention to symptoms of disturbance of the nervous system arising during the course of various chronic ailments. Those following on convalescence from some serious illness, such as typhoid fever, are first alluded to. Overtaxing of the mental powers in the case of weak children may give rise to cerebral symptoms. Intense headache of neuralgic character is witnessed in dyspeptic children during the second dentition period; here the symptoms frequently resemble those of the first stage of tubercular meningitis. The diagnosis of such cases is pointed out. Another large class of cases are those in which convulsions occur. These are frequently due to ascarides; the author calls particular attention to the fact that in a certain number of cases they occur concomitantly with the second dentition just as they occur in the first. Chorea presents occasionally difficulty in a diagnostic point of view. A symptom the author has observed two or three times, not as yet described, is an involuntary sighing respiration, which did not appear to be connected with cerebral disease. Lastly, essential paralyses, not dependent on cerebral disorder, are alluded to.

WEST, Dr. CHARLES.—*On Cerebral Disease unattended by Cerebral Symptoms.* Med. Times and Gaz., April. 20th, p. 409.

The author calls attention to cases in which the disease of the brain is marked by the absence of ordinary symptoms. Thus cases are related of tubercular meningitis with absence of usual premonitory symptoms; the importance, in a diagnostic point of view, of steady persistence of any one symptom, such as sickness, headache, constipation, drowsiness, heat of head, &c., is insisted on in reference to this disease. Persistent pain is most of all important. It is further pointed out that the occasional rapid advance of the disease in subjects of phthisical constitution is a source of error in diagnosis; and that in chronic tubercular disease the symptoms are not seldom very obscure.

WERTHEIMER.—*The Hydrocephaloid Disease of Infants.* Jahrb. f. Kind., iv, 1, 1861, p. 43. Schmidt, vol. 110, p. 57.

The anatomical character of the disease is an anæmia of the brain and venous stasis in the cerebral sinuses. In the acute form the brain is dry, in the chronic form it is moist, oedematous. There is a stage of cerebral hyperesthesia followed by one of cerebral torpor, the first characterised by restlessness, crying, want of sleep, screaming, moaning, weak, frequent pulse, pallor, with slight lividity, convulsive movement of muscles, feverishness, boring of head in pillow, application of hand to head, &c. In the second stage come somnolence, passing on to deeper coma, general eclamptic attacks, sometimes tetanic: convulsions may be absent. The prognosis is worst in the chronic form in its second stage. The treatment of the different varieties of the disease is next discussed.

**DEPAUL.**—*Hydrocephalus in a child five months old; 1800 grammes of fluid in the Ventricles.* Gaz. des Hôp., Dec. 10, 1861.

**MERRIMAN, Dr.**—*Hydrocephalus of fifteen years duration; Tubercles at the base of the Lungs only; Gangrene of one Lung.* Brit. Med. Journ., June 1, 1861, p. 575.

**POLITZER.**—*On the diagnosis and treatment of diseases of the Brain and its coverings in Children.* Jahrb. f. Kind., 3, p. 155, 1861. Schmidt, vol. 112, p. 196.

**SIMPSON, Dr. ALEX. R.**—*Case of Acute Meningitis.* Ed. Med. Journ., March, 1861.

**STANISTREET, Dr.**—*Case of Hydrocephalus.* Med. Times and Gaz., Nov. 9, 1861, p. 491.

**CHASSAIGNAC.**—*On a peculiar form of Infantile Paralysis.* Med. Times and Gaz., Nov. 9, 1861.

The paralysis attacks the upper extremities, occurs suddenly, is produced by an external injury, chiefly by pulling about by the arms. It is of partial character, and is of short duration.

**BRÜNNICHE.**—*On the so-called essential Paralysis of Children.* Journ. f. Kind., May and June, 1861.

The author has seen the disease in seven out of 400 patients. He does not believe in the existence of an idiopathic disease of this kind. It is the result of a central, or more rarely, of a peripheral disturbance of the nervous system. The only peculiarity in the disease is the age of the patient, six to twenty-four months. These opinions are supported by arguments very fully set forth. In the treatment of the affection, local measures are of most service; electricity, passive or active gymnastics, and baths.

**BRÜNNICHE.**—*On Korea.* Journ. f. Kind., July and Aug., 1861, from Hosp. Tidende.

**OLLIVIER.**—*Case of Tetanus Neonatorum.* L'Un., Sep. 21, 1861.

**DEVAL.**—*On the treatment of the Purulent Ophthalmia of New-born Children.* Journ. de Med. et Chir., Dec., 1860. Ed. Med. Journ., Feb., 1861.

This consists in application of solution of nitrate of silver (3*l*—4 gr. in one ounce of water) six times daily, frequent fomentations with solution of borax, sulphate of copper, or sulphate of zinc, each morning; if purgatives are necessary, to give two and a half teaspoonfuls each of syrup of chicory and sweet almond oil, the eyes to be kept covered by cold moist linen, or cold poultices of rice or starch. In very acute cases, scarifications.

#### ORGANS OF RESPIRATION.

**GOLITZINSKY.**—*Account of a local Croupo-diphtheritic Epidemic.* Jahrb. f. Kind., 1861, p. 95.

Bromine administered internally and exhibited by way of inhalation was found extremely useful.

BOUCHUT.—*On the treatment of Croup by large and rapidly succeeding doses of Tartar-emetic.* Journ. f. Kind., May and June, 1861, p. 435.

Five cases are related showing the efficacy of the method in the second and even in the third stages of the disease. The object is to procure methodically and as quickly as possible an emetic effect. If the emetic effect is not produced, it must not be continued. A three-ounce mixture is prepared, containing four to eight grains of tartar emetic, a little syrup and mucilage; of this a teaspoonful to be given hourly. This treatment is to be continued several days till all trace of the disease is gone.

WATSON, Dr. (Edinburgh).—*Case of Tracheotomy in Croup.* Ed. Med. Journ., Jan., 1861, p. 678.

MARTINI.—*On Tracheotomy.* Schmidt, vol. 111, p. 203.

This is an essay containing a very full and complete analysis and account of the more recent writings and works on the subject of tracheotomy, especially in cases of croup.

ROERIG.—*On the relation between Croup and other diseases of the Respiratory Organs in Children.* Vogel and Nasse's Arch., 1861, vol. 6, p. 145.

This essay contains in a statistical form an account of the cases of croup and other respiratory organs in children during the eight years 1853 to 1860, in Waldeck.

PASQUALI.—*On Croup in Infants and Young Children.* Ann. Univ. di Med., June to Dec., 1861.

*On Diphtheria in general, and especially on the treatment of Diphtheritic Angina and Croup by Iodine and Bromine.* Journ. f. Kind., Sep. and Oct., 1861, p. 211.

HERVIEUX.—*Researches on Infantile Pulmonary Emphysema.* Arch. Gén., June and July, 1861, p. 673 and 48.

These observations are based on thirty-seven cases, nineteen of which were infants under twenty days, the rest under the age of three years. The account of these cases is given at some length, together with the conclusions resulting from the enquiry. The most habitual complications were, progressive algidity, icterus neonatorum, measles, tubercular diaesthesia, erysipelas, rachitis, syphilis.

SHELTON, Dr.—*Treatment of Whooping-cough.* Am. Med. Times, July 20th, 1861.

The combination of belladonna and sulphate of zinc was found very efficacious by the author.

WOODWARD, Dr.—*Hooping-cough, its Pathology and Treatment.* Dub. Med. Press, June 19th, 1861, from Phil. Med. and Surg. Rep.

A combination of coffee, peat-oil, and conium, with tinct. verat. virid. the whole made into a syrup, was found to arrest and cure the cough in 8—10 days.

LARONDE, Ch.—*Account of an Epidemic of Hooping-cough.* L'Union 61, 1860. Schmidt, vol. 109, p. 319.

GOODAY.—*Hooping-cough: its proper treatment.* London, 1861, pp. 19.

GIBB, Dr.—*Hæmorrhage from the Ears in Hooping-cough: its real cause.*  
Brit. Med. Journ., Oct. 26th, 1861, p. 434.

The author has had opportunity of ascertaining that the real cause of the hæmorrhage is rupture of the tympanic membrane. Such rupture was observed in four cases.

FOSTER, MICHAEL.—*New Remedy for Hooping-cough.* Med. Times and Gaz., May 25th, 1861, p. 561.

The new remedy is common clover hay (*Trifolium in fæno*), in infusion or syrup. The author states that the remedy has acted very favorably in a large number of cases.

#### ORGANS OF CIRCULATION.

MOORE, Dr. W.—*On Diseases of the Heart in Early Life.* Dublin Hosp. Gaz., March 1st, 1861, p. 69.

#### ORGANS OF DIGESTION.

JACOBI, Dr. A.—*Lectures on Dentition and its derangements.* Am. Med. Times, August, Sept., 1861.

JOULIN.—*Inanition as a cause of Death of Newborn Children, and its treatment by Pepsine.* Journ. de Med. et Chir. Prat., Aug., 1861.

MOORE, Dr. W.—*The Atrophy of Children from Dirt Eating.* Dubl. Hosp. Gaz., Feb. 1st, 1861, p. 33.

Six cases of this affection are related. A fixed, vacant, or downcast look is a diagnostic mark of the presence of this tendency. Enemata, and calomel or gray powder, are recommended. Careful watching is necessary.

LOMBARD.—*Peculiar Neurosis of the Stomach in Children.* Journ. f. Kind., March and April, 1861.

In children so affected vomiting is repeated every quarter or half hour, the matters ejected are colourless, and after the vomiting has lasted some hours a little mucus is brought up. Thirst, constipation, and fever, accompany these attacks. The disease is very liable to recur after intervals of some weeks. Emaciation is usually present. One girl, æt. 7—8, died of this chronic vomiting, the stomach appearing perfectly healthy. The disease is, the author believes, a neurosis. The disease was observed seven or eight times, and in individuals æt. 5—17.

GOLITZINSKY.—*On the Leukæmia of Sucklings.* Jahrb. f. Kind., 1861.

KIDD, Dr. C.—*Worms. A new theory of the origin of Ascarides.* Med. Circ., Sept. 18th, 1861.

The author believes that ascarides are produced by the ova of the common "house-fly," and especially of the "blue-bottle" fly.

Boss, Dr. W. H. (Cape Town).—*Symptoms of Typhoid and Brain Fever induced by Worms.* Lancet, Nov. 9th, 1861, p. 458.

BARILLIER.—*On the Enteritis of Sucklings.* Journ. de Bord., Aug., Sept., 1860, and March, April, 1861. Schmidt, vol. 111, p. 64.

The author's conclusions are drawn from observation of 127 cases. The study of the causes of the disease he considers most important. The disease is most fatal in the first month, it is most fatal in males. Weakly children are predisposed to it. It is most frequent in the summer. Partial chilling of the body is a cause. Residence has a very important influence, the children in the hospital at Bordeaux were more affected than others. Most important, however, is the nourishment the child obtains. Gastric disturbances are frequently observed in children deriving nourishment from nurses who are menstruating. Artificial feeding is a frequent source of enteritis. The symptomatology and the treatment of the affection are then fully considered.

Dysenteria in Infants at Rome. Med. Times and Gaz., Nov. 9th, 1861, p. 487.

RÜDEL.—*On Invagination of the Intestine.* Mon. f. Geb., May, 1861, p. 324.

THOROWGOOD, Dr.—*Account of a fatal case of Intussusception in an Infant nine months old.* Med. Times and Gaz., Aug. 17th, 1861, p. 160.

At the junction of the transverse and descending colon a large complex knot of invaginated bowel was found, consisting of the colon, cæcum, and part of the ileum.

ROSE, Dr.—*Case of fatal Intussusception in an Infant five months old.* Med. Times and Gaz., June 8th, 1861, p. 597.

The seat of the invagination was the junction of the transverse and descending colon.

PENQUER.—*Invagination of the Cæcum and its appendix in the descending Colon through the transverse Colon in a child aged four months; autopsy.* L'Un., Aug. 22nd, 1861.

FOUCHER.—*Cure of Prolapsus Ani in Children by subcutaneous injection of Sulphate of Strychnine.* Rev. de Thér., 11, 1860. Schmidt, vol. 109, p. 61.

A case is related in which this method of treatment was successful.

DOLBEAU.—*Prolapsus Ani cured by subcutaneous injection of Sulphate of Strychnia.* Bull. de Thér., Dec., 1860. Schmidt, vol. 110, p. 195.

In two cases reported a favorable result was obtained. In a third no such result was obtained, after repeating the injection four times.

KRÖNENDAHL.—*On Polypi of the Rectum in Children.* Journ. f. Kinderk. Jan. and Feb., 1861, p. 1.

The author relates four cases of this affection. The nature, cause, history, and treatment of the affection, are considered at length.

## KIDNEYS AND GENERATIVE ORGANS.

**BEHREND, Fr. J.**—*On Irritation of the Sexual Organs, and particularly on Onanism in very young Children, and the treatment of such cases.* Journ. f. Kind., Nov. and Dec., 1860, p. 321. Schmidt, vol. 110, p. 58.

The means of diagnostinating the presence of the habit are here pointed out, also the effects produced by its continuance. The essay contains a résumé of the observations of Johnson (Athol), Barthes and Rilliet, Marjolin, Fournier, Zimmermann and Van Bambeke, in reference to the treatment of such cases.

The diagnosis, causes, and treatment, are severally discussed. Prolonged cold affusions, cold hip-baths, belladonna given internally, operation for phymosis in males, cauterization of the labia in girls, are means of treatment alluded to; the two latter are curative by rendering onanism painful to the child.

*Uræmia produced by disease of the Kidneys after Scarlet-fever. Cases observed at the St. Ann's Children's Hospital.* Jahrb. f. Kind., N. 3, p. 204. Schmidt, vol. 109, p. 206.

**HAMBURSIN.**—*On the treatment of the accidents and complications of Scarlet-fever, and especially of the Dropsy and the Albuminuria.* Second article. Journ. f. Kind., Jan. and Feb., 1861, p. 11.

## BONES AND JOINTS.

**MOREL-LAVALLÉE.**—*On Coxalgia in the Fœtus, and its relation to congenital luxation of the femur.* Arch. Gén., Aug., 1861, p. 172.

The author analysing the facts related by others, and two cases of his own, concludes that congenital luxation of the femur is generally due to an affection of the hip in the fœtus, correctly represented by the expressions coxalgia, arthritis, hydrarthrosis. The fluid found in the joint is the cause of the displacement.

**FRIEDEBEN.**—*On the physical and chemical constitution of growing Rachitic Bones in early Childhood.* Jahrb. f. Kind., 1860, part 3.

In brief, the alterations of the bones consist in—(1) increased succulence, or moisture; and, in consequence of this, (2) deficiency of earthy salts, and (3) altered chemical relations of these salts. The special cause of rachitis, the author believes is to be found in disturbance of the functions of the respiratory organs; the blood is thereby altered, and rachitis so produced—bronchial catarrh is thus the forerunner of the disease.

**GRANDIDIER.**—*Inflammation and Necrosis of the Upper Jaw in a Child six weeks old, from the effects of phosphorus fumes.* Journ. f. Kind., 1861, May and June, p. 364.

**BLAKE, ROBERT H.**—*A Practical Treatise on Diseases of the Skin in Children.* From the French of CAILLAULT. London, 1861, Churchill, p. 277.

HUTCHINSON, JONATHAN.—*Clinical Report on True Ringworm (Tinea Tonsurans).* Med. Times and Gaz., Jan. 5th and 12th, 1861.

Forty-nine cases observed by the author form the basis of this report, the facts concerning which are succinctly stated. The conclusions drawn by the author are as follows:—1. True ringworm, or tinea tonsurans, is a disease affecting either the scalp, or the general surface. Circular patches are formed, on which the hairs break off short, and a slight branny desquamation is seen, both hair and epidermic scales exhibiting under the microscope the sporules and thalli of a fungus. 2. Ringworm in the scalp is rarely seen excepting in children; but, on the general surface, is not very infrequent in young adults. 3. It is contagious, and spreads by contagion only. 4. It is not attended by any peculiar form of dyscrasia, but on the contrary often attacks children in perfect health. 5. It is much more easily curable when on the general surface than when on the scalp, owing to the circumstance that in the latter situation the fungus has obtained access to the follicles of the hairs. 5. Being a purely local disease, ringworm does not require *per se* any constitutional treatment. 7. A purely local treatment if efficiently pursued is always and rapidly successful. 8. Epilation and the use of one or other of the known parasiticides are the measures of treatment required. 9. There is no real difference between ringworm on the scalp and ringworm on the general surface. 9. It has no true analogy with herpes.

VANVERTS.—*On the Syphilitic Pemphigus of Newborn Children.* Gaz. des Hôp., Nov. 7th, 1861.

WAHL.—*Fatal Bleeding from a Nævus.* Med. Ztg. Russl., 42, 1860. Schmidt, vol. 110, p. 195.

The bleeding followed the application of a blister to the chest (on which the nævus was situated) for the cure of a cough, in an infant 11 months old. The child died.

LEGROUX.—*On the treatment of the Umbilical Erysipelas of Newborn Children.* Gaz. des Hôp., 57, 1860. Schmidt, vol. 111, p. 64.

The author recommends that the surface be painted with glycerine, and that a powder be then applied, composed of equal parts of fine flour, oak bark, and calomel.

SMITH, Dr. J. LEWIS.—*Infantile Erysipelas.* Am. Med. Times, June 22nd, 1861.

CHATELIN.—*Cephalhæmatoma.* Gaz. des Hôp., 125, 1860. Schmidt, vol. 109, p. 319.

RIEDEL.—*Fatal Case of Cephalhæmatoma.* Mon. f. Geb., May, 1861, p. 326.

DEPAUL.—*Cephalhæmatoma.* L'Un., April, 1861, p. 96.

FERGUSSON, Prof.—*Medullary Tumour of the Cheek in an Infant aged three months.* Med. Times and Gaz., Dec. 7th, 1861, p. 580.

BIERMER.—*An unusual case of Scarlatina.* Virch. Arch., Canstatt, vol. iv, p. 385.

There was complete anuria for 108 hours, and an almost complete

absence of uremia, or of considerable dropsical symptoms during 104 hours. When the urine had begun to be secreted freely, then the uremic brain symptoms set in. The urine was very slightly albuminous.

#### PART IV.—DISEASES, ETC., OF THE FETUS.

**PANUM.**—*Researches on the origin of Malformations, especially in the Egg of the Bird.* With 107 figures. Berlin, 1860.

This is a work containing the result of extended and novel researches on the origin of malformations. The author found that addled eggs mostly contained malformed embryos; he found that by alternating the temperature he could produce malformations at will, and abundant opportunity was thus afforded for studying the subject. The various malformations observed are systematically described and discussed.

**LAMMERT.**—*On Malformations.* Virch. Arch., 1861, 22, p. 236.

**NEWMAN** and **HARLEY**, Drs.—*Case of a patient who, in eighteen pregnancies, gave birth to only seven living children, the eleven others having been expelled dead at various periods of gestation.* Obst. Trans., vol. iii.

There was no evidence that the parents had ever laboured under syphilis, or of their being the subjects of hereditary disease.

**COOKE, LOUIS R.**—*Cases illustrative of the independent liability of the Fetus to Disease.* Med. Times and Gaz., Oct. 19th, 1861, p. 401.

In one case related, a child was born covered with well matured pustules of variola. The mother had been vaccinated, and was then well. Four days after the mother became affected with variola. In a second case related, a child was born with well-marked eruption of herpes zoster, the mother being free from any affection of the kind.

*New cases illustrative of the influence of Lead-poisoning on the product of Conception.* Gaz. des Hôp., March 23rd, 1861.

**RICHET.**—*Double Hare-lip and Irregular Formation of Lower Lip.* L'Un., April, 1861, p. 190.

**HANKS, DR.**—*A case of United Children, or Double Monstrosity.* Obst. Trans., vol. iii.

**WAKLEY, THOMAS.**—*Cases of Supernumerary Thumb, Imperforate Vagina, and Imperfect Development of the Ear.* Lancet, Nov. 2nd, 1861, p. 421.

**SCHULTZE.**—*A case of Heterotaxia of the abdominal and thoracic viscera, and probably Patent Foramen Ovale, with Remarks.* Virch. Arch., 1861, 22, p. 209.

**YOUNG, ED. PARKER.**—*Complete Transposition of all the thoracic and abdominal viscera.* Lancet, June 29th, 1861, p. 630.

The subject of the case was a lady, aged 85.

GACHET.—*Transposition of the Viscera.* Gaz. des Hôp., Aug. 31st, 1861.

VITROHOW, Prof.—*A case of Transposition of the Viscera, and extensive diseased changes in a Newborn Child.* Virch. Arch., 1861, 22, p. 426.

SCHLAGER.—*The latest researches on Idiotcy.* Jahrb. f. Kind., 1860, 8.

BARILLIER.—*Cyanosis; one Ventricle; Pulmonary Artery contracted at its origin.* Gaz. des Hôp., March 2nd, 1861.

*Contributions to the study of Cyanosis.* Journ. f. Kind., Sept. and Oct., 1861, p. 202.

STRASSMANN.—*Two new cases of Congenital (simple) Cyst-hygroma of the Sacro-perineal region.* Mon. f. Geb., Aug., 1861, p. 130.

The two new cases were—(1) that of a female where the tumour rendered labour difficult; (2) that of a child which died shortly after birth from bursting of such a tumour, labour having been unimpeded.

BÉRAUD.—*Congenital Goitre in a foetus of five months and a half.* L'Un., Feb., 1861, p. 352.

MARTIN, Prof.—*Congenital Compound Cystic Tumour of the Sacro-perineal region.* Mon. f. Geb., July, 1861, p. 1.

BARTSCHE.—*Congenital Tumour of the Sacrum.* Mon. f. Geb., Feb., 1861, p. 121.

The tumour weighed six pounds, was hard, firm, fibrous, having some cysts in its interior. It was removed by operation, and the child recovered.

GIRALDÈS.—*Congenital Tumour of the gluteal region.* L'Un., April, 1861, p. 189.

FRIEDEL BEN.—*Two cases of Congenital Anomalies of the Femora.* Jahrb. f. Kind., 1860, vol. 3, p. 220.

ALLIX.—*On a mixed and congenital Tumour of the Testicles.* Journ. de Brux., Jan., 1861, p. 35.

BRUCE, Dr.—*Congenital Ulcer of the lower extremities.* Ed. Med. Journ., Nov., 1861, p. 492.

STORCH.—*On Congenital Hygroma of the Neck, with Remarks on a case observed in the General Hospital, Copenhagen.* Journ. f. Kind., July and Aug., 1861, from Hosp. Tidende.

GIBB, Dr.—*Inflammatory disease of the Skin of the Head and upper part of the Body of an eight months' Fetus, with exudation of plastic lymph.* Obst. Trans., vol. iii.

HAMILTON, Dr.—*Case of extraordinary deficiency of the Cerebral Structure.* Dub. Hosp. Gaz., March 1, 1861, p. 66.

The corpus callosum was totally absent. The patient, a woman, set. 27, died of acute phthisis.

DOWN, Dr. J. LANGDON H.—*Account of a case in which the Corpus Callosum and Fornix were imperfectly formed, and the Septum Luci-*

*dum and Commissura Mollis were absent.* Med. Chir. Trans., vol. xliv, p. 219.

The boy the subject of the case, and who died set. 9, had been an inmate of an idiot's asylum for four years. The author remarks that his researches have led him to attach a physiological importance to the soft commissures in the mental development of the individual not insisted on by previous observers.

DANYAU.—*Anencephalous Fetus, with tumour of Fronto-parietal Region; membranous prolongations from that tumour around the left leg; incomplete amputation of the leg; insertion of the membranous bridle on the fetal surface of the Placenta.* L'Un., July 13, 1861.

CARSON, Dr.—*Brainless Infant.* Med. Times and Gaz., Oct. 12, 1861, p. 390.

AVELING, Dr.—*Case of Hydrencephalocele.* Med. Times and Gaz., June 8th, 1861, p. 596.

GINTRAC.—*Absence of Uterus and Vagina.* Gaz. Méd., Jan. 26, 1861.

DUNCAN, Dr. J. MATTHEWS.—*A case of Encephalocele, with the theory of its growth.* Ed. Med. Journ., Ap., 1861, p. 900.

The whole of the cerebellum was contained in the tumour, which was nearly the size of the cranium. Death took place seven weeks after birth. The tumour contained fluid, both in the arachnoid space and in the interior of the fourth ventricle.

BIRD, WILLIAM.—*Report of a case of Encephalocele of extraordinary dimensions; death on the fifth day after birth.* Lancet, Aug. 3, 1861.

MICHAEL, W. H.—*Case of Encephalocele.* Beale's Arch., 7, 1861, p. 162.

GINTRAC.—*Anatomico-pathological studies on Hydromeningocele.* Journ. de Bord., June, 1860. Schmidt, vol. 110, p. 56.

The disease is constituted by a protrusion, through an opening in the skull, of the dura mater distended with fluid. The author has collected eleven cases, and adds another by himself. The diagnosis from hydrencephalocele is not always easy. The cure is very difficult when the protrusion is large, there being usually concurrent, considerable abnormalities of the brain itself present in such cases.

THOMPSON, HENRY.—*Congenital deficiency of the Anus.* Lancet, Nov. 2, 1861, p. 420.

The child was three months old. The faeces passed entirely through the vagina. An artificial anal opening was made, and the vaginal communication closed up. The case did well.

OLSHAUSEN.—*Imperforate Anus with abnormal communication between the Bladder and Rectum; Penis wanting.* Mon. f. Geb., Aug., 1861, p. 98.

DEBOUT.—*Practical considerations on Congenital Umbilical Hernia and their treatment.* Bull. de Thér., 1861, vol. ii, pp. 391, 451.

SACRÉ.—*Description of a monster "Agénosome."* Journ. de Brux., Jan., 1861, p. 41.

Herniae of all the viscera. No genitals.

RIGET.—*Ectrophy of the Bladder.* Gaz. Méd., Ap. 6, 1861.  
The subject of the case a girl at. 8 days.

MAX, O.—*Rudimentary Bladder in a case of urethro-vaginal Fistula.*  
Arch. Gén., Jan., 1861, p. 100.

HOLT, W.—*Acephalous Hermaphrodite monster.* Lancet, March 30,  
1861, p. 328.

BILLI.—*Congenital umbilical Hernia complicated with Anus "Contro Natura."* Ann. Univ., Aug. and Sep., 1861, p. 492.

LEOPOLD.—*Case of defective formation of the Bladder, Cloacal formation and Hydrorachis.* Mon. f. Geb., May, 1861, p. 357.

SIMPSON, Dr. ALEX. R.—*Congenital absence of Gall Bladder.* Ed. Med. Journ., May, 1861, p. 1045.

SIMPSON, Dr. ALEX. R.—*Case of Spina Bifida.* Ed. Med. Journ., March, 1861, p. 844.

BRAINARD, Dr.—*Spina Bifida, treated by Iodine; cured by one injection.* Am. J. Med. Sc., July, 1861, p. 65.

LE BRIERO.—*Congenital absence of right External Ear.* Gaz. des Hôp., March 14, 1861.

CURLING, T. B.—*An account of the Structure and Secretions of a Testicle detained in the Inguinal Canal.* Trans. Path. Soc., vol. xii, p. 143.

The examination confirms the views of Godard, that a testicle so arrested in its passage never secretes spermatozoa or a fluid capable of impregnating.

CURLING, T. B.—*Undeveloped Testicle from the body of an Idiot.* Trans. Path. Soc., vol. xii, p. 143.

This was an instance of the relation between defective development of the brain and presence of undeveloped testicles, which the author has previously remarked upon.

BALFOUR, Dr. THOS. A. G.—*Description of two cases of Exomphalos, with observations on Fœtal Malformations.* Ed. Med. Journ., Jan., 1861, p. 611.

The first case was that of a foetus born at the seventh month; the subject of several malformations, of which the principal were:—double hare-lip, cleft palate, left hand presenting two bundles, each containing two fingers, left arm attached to side by fold of integument, sternum wanting, the liver, stomach, and intestines projecting through an aperture in the abdominal wall. The liver, intestines, &c., covered and matted together with lymph; club-foot on right side. There was arrest of development combined with inflammatory action. In a second case, the child was born alive; there was deficient tegumentary formation around the umbilicus over a space four inches across, which was covered in by a thin membrane only. One arm of this foetus was malformed.

BLAGDEN, ROBERT.—*Account of a Monstrous Birth.* Med. Times and Gaz., Sep. 28, 1861, p. 336.

There was imperfect development of the genitals, also of the spinal canal and of the anterior wall of the abdomen.

WILDE, Dr. W. R.—*An essay upon the Malformation and Congenital diseases of the Organs of Sight.* Part 3, Dub. Quart. Journ., Feb., 1860, p. 50.

This is a portion of a continuation of a series of papers on this subject. The malformations of the lens and capsule are here described.

FORSTER, Prof.—*Death of a Fœtus from penetration of the Vernix Caseosa and Meconium into the Pulmonary Vesicles.* Würzb. Med. Zt., vol. i, p. 216. Med. Times and Gaz., Aug. 3, 1861.

The child, well developed, died after making a few feeble inspiratory efforts. The brain was very hyperæmic, the lungs sank in water, and in many parts contained meconium and vernix caseosa. The question of the manner in which these matters got into the lungs is discussed by the author, who concludes that the hyperæmic condition of the brain excited inspiratory efforts prior to birth, or that during the passage of the head through the vagina, inspiratory movements occurred.

PANTHEL.—*Injury to the Fœtus in utero.* Nass. Med. Jahrb., xv and xvi, p. 733. Schmidt, vol. 112, p. 53.

A woman received a blow on the abdomen in the seventh month of pregnancy. Some days after, labour set in, presentation pelvic, birth of a fœtus which had been dead some days. On the upper part of the head was a tumour 3—4" wide precisely like that known as the "cranial blood-swelling," having a border of hardened material. It contained liquid blood which at the borders of the tumour had become clotted. The connection between the blow, the death and the production of the swelling as cause and effects appeared to be substantiated.

BARTSCHER.—*Strangulation of the Fœtus by knotting of the Cord.* Mon. f. Geb., May, 1861, p. 364, (with plate.)

RE PORT  
ON  
TOXICOLOGY AND MATERIA MEDICA.

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MANUALS AND GENERAL TREATISES.

ANTHON.—*Dictionary of Chemico-pharmaceutical, Technico-chemical, and Pharmacognostical Nomenclature; a Synopsis of all the Latin, German, and French names of every commercial chemical preparation and of raw drugs.* Leipsic, 1860. Canst., vol. v, p. 3.

This work contains the names and synonyms of 1552 substances; the articles are alphabetically arranged according to the ordinary Latin designations of the substances to which they relate. The principal name is followed first by other Latin names, then by the German, and lastly by the French, no reference being made to English nomenclature. At the end there is a very complete alphabetical index.

GOTTLIEB.—*Text-book of Pharmaceutical Chemistry, with special reference to the Pharmacopœias of Austria, Prussia and Saxony.* Canst., vol. v, p. 2.

The purpose of this work is to furnish the practical pharmacist with a hand-book of chemistry which will enable him to keep up with the rapid progress of the science, in so far as it bears upon his art. According to Von Wiggers, the author has completely succeeded in his object. The work treats both of organic and inorganic chemistry, and includes every subject which is of the slightest interest in pharmacy. The work is profusely illustrated with woodcuts, and the theories of chemical processes are explained by simple formulæ.

*Pharmacopœia Belgica Nova.* Translated into Latin by command of his Majesty, and authorised by royal edict. Brussels, 1861.

WITTMACK.—*Pharmacopœia Germanica.* With emendations and coloured plates. Leipsic, 1860.

SCHMIDT.—*Introduction to the testing of Chemical Substances used in Pharmacy.* Erlangen, 1860.

*The Pharmaceutical Calendar of Northern Germany for 1861.* Berlin,  
1861.

STILLÉ.—*Therapeutics and Materia Medica. A systematic Treatise on the actions and uses of medicinal agents, including their description and history.* 8vo, Philadelphia, 1860, in 2 vols., pp. 1788.

GUIBERT.—*Natural and Medical History of the new Medicines introduced into Therapeutics from 1830 to the present time. (Prize Essay.)* 8vo, Brussels, 1860, pp. 577.

HAGEN.—*The Remedial Agents introduced into practice since 1830, and the modes of preparing them.* 8vo, Leipsic, 1861.

KRAHNER.—*Pharmacy for Medical Practitioners.* 8vo, Halle, 1861, pp. 1235.

BERG.—*Characters of the most important Plants used in Medicine and the Arts.* 2nd ed. enlarged. Berlin, 1861, pp. 115.

BERG.—*Pharmaceutical Botany.* 4th ed. revised. Berlin, 1860.

TARDIEU.—*Course of Lectures on Poisons.* L'Union, vol. x, p. 477, et passim.

#### *Pulverization of Liquids for Therapeutic Purposes.*

FOURNIÉ.—*On the penetration of pulverulent, gaseous, volatile, solid, and liquid Bodies into the Respiratory Passages.* L'Union, vol. xii, p. 598.

On this subject, which is now exciting so much attention in France, the author's conclusions are to the following effect:—Impalpable powders contained in the air penetrate into the respiratory channels during inspiration; in the healthy state of the mucous membrane they are expelled by ciliary action, but not when the mucous membrane is in a state of catarrh; no penetration occurs if respiration is performed through the nose exclusively. Pulverized liquids (that is, liquids reduced into a state of such extreme division\* as to be suspended in the air breathed) enter the larynx and trachea, but do not reach the bronchial tubes. Numerous experiments are related, showing that pulverized solutions of salts having characteristic reactions could not be detected in the expectoration of patients who had inspired them.

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DEMARQUAY.—*On the penetration of Pulverised Liquids into the Air-passages.* L'Union, vol. xi, p. 605.

Demarquay has made similar experiments to those above related as to the inhalation of pulverized solutions. He found however, that, after administering to rabbits by pulverization a solution of perchloride of iron, and examining the respiratory organs immediately after, the salt could be detected by ferrocyanide of potassium throughout the whole of the bronchial ramifications, and even in the parenchyma of the lung.

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SALES-GIRONS, BOUILLAUD.—*On the "Diète Respiratoire" in Diseases of the Chest.* L'Union, vol. ix, p. 46.

\* This is accomplished by an apparatus in which the solution to be "pulverized" is impelled from a capillary tube in a minute stream with great force (under a pressure of four or five atmospheres) against a convex disc. In the administration of pulverized solutions, the tube and disc are introduced into the mouth.

PIETRA SANTA, BRIAN.—*On the Pulverization of the Eaux Bonnes.*

L'Union, vol. x, pp. 312 and 490.

SALES-GIRONS.—*On the Pulverization of Mineral Waters, and the criticisms thereupon.* L'Union, vol. x, p. 490.

#### *Anthelmintics.*

COURBON.—*On the Taenifuges of Abyssinia.* Bull. de Thér., vol. ix, p. 352.

The author, after describing the source, botanical characters, and mode of administration of kousso, notices seven other anthelmintics which are less generally known. Of these, the two most important are designated mesenna and mitcha mitcho. Mesenna is the bark of a leguminous plant resembling an acacia. It is said to contain an alkaloid. As an anthelmintic, it is taken in doses of about two ounces three hours before the first meal. It is said to create no nausea, and to be painless in its operation; the entozoon is discharged "in a broken or pounded state" in each stool for some days after. Mitcha mitcho is the bulb of a species of Oxalis, the powder of which is much used, and in the same dose and manner. It appears to be inferior to the former, which, according to Courbon, is the most certain taenifuge known.

#### INORGANIC SUBSTANCES.

##### *Sulphur.*

HEBRA.—*On the application of Sulphur in Diseases of the Skin.* Allg. Wien. Ztg., Nos. 47, 48, 1860. Schmidt, vol. 110, p. 204.

Hebra employs sulphur externally only. He holds that it acts therapeutically by inducing hyperæmia of the affected integument, stimulating the growth of epidermis, and thus accelerating the metamorphosis of tissue in the part; and that this action is excited more energetically by alkaline sulphures and sulphur contaminated with sulphurous acid, selenium, or arsenic, than by pure sulphur, which he uses only in cases in which a feebly stimulant action is indicated. In scabies he has obtained no good results, either by fumigations or by baths. He strongly recommends Vlemingkx's solution of sulphuret of calcium, as destroying the *acarus scabiei* with greater rapidity and no less certainty than sulphur ointment. In chronic psoriasis it is recommended that the same solution should be rubbed in energetically until the scales are removed and the surface begins to bleed. The patient is then to be placed in a bath, and the affected parts dressed with simple ointment. Two other affections of the skin in which Vlemingkx's solution is found useful, are *pityriasis versicolor* and *ichthyosis*. It is prepared by boiling two pounds of sulphur with half its weight of unsalaked lime in a pint of water until it is reduced by evaporation to twelve ounces. The liquid is then filtered, after which it is ready for use.

##### *Phosphorus.*

BLONDLOT.—*On the toxicological detection of Phosphorus by the colour of the flame.* Journ. de Pharm., vol. xl, p. 25.

Three years ago it was shown by Dussard that phosphuretted hydrogen, as disengaged when phosphorus or any oxygen compound thereof, ex-

cepting phosphoric acid, is introduced into Marsh's apparatus, may be recognised by the fact that the flame, when deflected by a porcelain plate, acquires an emerald-green colour. M. Blondlot finds that although this reaction is very characteristic and of extraordinary delicacy, it is entirely prevented by the presence of animal matters such as exist in the contents of the stomach and intestines. In order to overcome this difficulty, he first introduces the liquids to be tested into a large hydrogen apparatus, passing the gas through a solution of nitrate of silver; the brown precipitate (containing phosphide of silver) is then introduced into a second apparatus of smaller dimensions, and yields the reaction with certainty.

MASCAREL.—*Poisoning by Phosphorus.* L'Union, vol. xii, p. 201.

A miller's wife, set. 45, while at work sent a servant boy to the cellar for a draught of *rapé*, a common drink among the country people near Poitiers. She at once recognised the acridity of the liquid and the taste of phosphorus. In half an hour vomiting supervened, with intense pain. On the arrival of her husband he observed that the vomited matters were phosphorescent. She was first seen by M. Mascarel, at eleven on the following morning, when there were fever, agitation, headache, thirst, vomiting, and great epigastric tenderness and diarrhoea. These symptoms continued for three days, after which they declined. On the seventh day the patient appeared so well that attendance was discontinued, but on the following morning she became suddenly worse. On the arrival of Dr. Mascarel, two hours after, she was dead. An autopsy was made by order of the *procureur impérial*, but no morbid appearances were revealed excepting that the blood was completely fluid, and that the pleura and pericardium contained a considerable quantity of sanguinolent serum. All of the organs and the contents of the digestive cavity were submitted to analysis. Traces only of phosphorus were discovered. The two servants of the deceased were suspected. At the trial M. Mascarel expressed the opinion, founded on the facts above related, that her death could only be attributed to poisoning, probably by phosphorus. On the admission of the accused that they had introduced about a thimbleful of powdered ends of matches into the *rapé*, they were convicted and severally sentenced to twenty years of penal servitude, and ten years' imprisonment.

FRICKHÖFFER.—*Poisoning by Phosphorus.* Nass. Med. Jahrb., vols. xv, xvi, p. 745. Schmidt, vol. 111, p. 24.

A man, set. 50, took a pint of elder tea for some slight ailment, into which there had been accidentally introduced a box containing lucifers! Soon after, he experienced burning pain at the epigastrium, sensation of heat at the chest, with anxiety and confusion of thought. He was not seen until six hours afterwards, before which time free vomiting had taken place after drinking milk. Under a sedative and antiphlogistic treatment, combined with magnesia, he got gradually well.

ZEIDLER.—*Case of acute Poisoning by Phosphorus.* Ann. d. Berl. Charité, vol. ix, p. 1. Schmidt, vol. 110, p. 24.

A female, set. 25, was brought into the hospital who had taken at intervals of about twelve hours three quantities of phosphorus paste, ob-

tained from 1000 matches. Her condition was as follows:—The skin was pale and cool, the lips were reddened, the tongue coated, the epigastrium tender on pressure and somewhat hard, and the belly tympanitic but painless; respirations forty per minute, interrupted by attacks of dyspnoea; pulse frequent, almost imperceptible. The patient complained of constant shivering, and vomited frequently; the vomited matter and the breath smelt strongly of phosphorus, and the former was luminous in the dark. No urine was passed, either by the catheter or naturally. The vomiting was somewhat alleviated by the exhibition of magnesia and opiates, but death took place about thirty hours after the last dose of the poison. It was preceded by cessation of pain, cold and clammy sweats, difficult and noisy respiration, and delirium, which assumed a markedly erotic character. The principal facts brought to light by the examination of the body (eighty hours after death) were the following:—There was no sign of inflammatory action in any part of the alimentary canal, excepting the ileum, the mucous membrane of which was red and congested; the blood was completely fluid; the liver was of firm consistence, and exhibited “advanced fatty infiltration, with yellow colouring of the centres of the acini.” On opening the abdomen there was a strong smell of phosphorus.

OGSTON.—*Poisoning by Lucifer Matches. Poisoning by “Phosphor paste.”* Brit. and For. Med.-Chir. Rev., Oct., p. 490.

*Poisoning by Phosphorus.* Pharmac., vol. iii, p. 292.

#### *Iodine.*

ORTH.—*Case of Poisoning by Iodide of Potassium.* Nass. Med. Jhrb., vols. xv, xvi, p. 747.

A man, set. 38, who had suffered for eighteen months from lumbago, took, at the recommendation of an unprofessional person, four doses of nine grains each of iodide of potassium, dissolved in water. After the third dose the patient began to feel unwell; three hours later his symptoms were as follows:—Heat of head, swelling of the face, particularly of the eyelids, and of the submaxillary region, injection of the conjunctive, great restlessness, buzzing and ringing in the head, intense headache, flow of mucus and saliva from the mouth, without alteration of the gums or mucous membrane, and retching. The symptoms declined after twelve hours, and convalescence was established in two days. The patient was previously in good general health; there were no signs whatever of gastric irritation. The case is remarkable from the severity of the symptoms produced by so small a dose.

FONSSAGRIVES.—*Acute Poisoning by Iodine.* L'Union Méd., No. 7, 1860. Canst., vol. v, p. 103.

Tincture of iodine diluted with an equal quantity of water was injected into the tunica vaginalis of a man suffering from traumatic inflammation of that membrane, with effusion. Two hours after the injection the tumour was double its former size, and fever declared itself with an intensity which was out of all relation with the local inflammation. On the following day there was excessive bronchial irritation, sneezing, redness of the eyes and fauces, furred tongue, salivation, dysphagia, and œdema of the glottis.

Iodine was found in the urine, perspiration, and saliva. The patient recovered after twenty hours' illness.

VIOLETTE.—*Double compounds of Iodine with Iron and Quinine.* Gaz. des Hôp., No. 59, 1860.

The compound thus described has been recently introduced by Rebillon. It is a resinous mass, of a beautiful green colour, crystalline fracture, and bitter styptic taste. It is said to possess very great advantages in all cases in which it is desirable to combine iron and quinine. The author adduces cases illustrative of its efficacy as an analeptic.

GONOD.—*On the administration of Common Salt in combination with Iodides and Bromides.* Journ. de Chem. Méd., July, 1860.

#### *Metallic Chlorides.*

BRYK.—*On the local action of Chlorine on the Tissues.* Virchow, vol. xviii, p. 377. Canst., vol. v, p. 106.

Bryk's inquiry relates to the action of chlorine and the chlorides as caustics. The author has investigated, by experiments on rabbits, the anatomical and chemical changes which are directly produced by these agents, and the peculiarities observable in the processes of sloughing, suppuration, and cicatrization. He finds that two kinds of anatomical change are produced in the tissues, according to the nature and degree of concentration of the chloride employed. The metallic chlorides, and particularly those of platina, gold, and mercury in strong solution, convert the tissues into a dry mass, in which, however, all the anatomical elements can be distinguished on microscopic examination. Chlorine itself, on the other hand, and the alkaline chlorides \* (*sic*), or weak solutions of the metallic chlorides, have a "colliquative" action on the tissues, by which, according to the author, their anatomical characters undergo a change resembling fatty degeneration (*Verfettung*). By chemical investigation he has determined that this change is dependent upon the conversion of the albuminous constituents of the tissues into a soluble form (alkaline albuminates), whereas the dry sloughs produced by the metallic chlorides consist mainly of insoluble metallic albuminates.

The author attaches much greater therapeutical importance to the colligative than to the escharotic action of the chlorides, recommending their application to mucous surfaces, suppurating wounds and tumours, in all of which cases he maintains that they possess a remarkable power of limiting cell-growth.

#### *Alkaline Bases.*

*Poisoning by Chlorate of Potash.* Brit. Med. Journal, vol. i, p. 159.

Chlorate of potash was given to a phthisical patient by a physician at Bergen (New Jersey, U.S.), in doses of 300 grains daily. In four days violent symptoms of irritant poisoning supervened, and were rapidly fatal. After death the mucous membrane of the stomach was found to be stained of a yellow colour, and much softened.

\* From the context it appears that the author means chlorinated soda and chlorinated lime.—ED.

CHEVALIER, DE LUYNES and DEVERGIE.—*Death of a Policeman consequent on the imprudent use of two ounces of Nitrate of Potash as a purgative.* Ann. d'Hyg., vol. xv, p. 400.

*Earthy Bases.*

HOMOLLE.—*On the therapeutical application of Sulphate of Alumina and of Double Sulphate of Alumina and Zinc.* Journ. de Pharm., vol. xxxix, p. 289.

Homolle describes minutely the preparation of these two salts, and their use in concentrated solution as external applications. He has employed them in affections of the cervix uteri and in pharyngitis, and describes their action as intermediate between that of detergents and caustics. He has also used them with great success in cancer.

*Chromium.*

LANGE.—*Chromic Acid as an application to Conical Condylomata and Warts.* Deut. Klin., No. 32, 1860.

The author used chromic acid in thirty-two cases of conical condylomata, of which twenty were associated with primary syphilis or flat condylomata. In most instances several applications were necessary. The main advantage of this over other caustics of equal efficacy consists in comparative painlessness of its application.

OGSTON.—*Poisoning by Bichromate of Potash.* Brit. and For. Med.-Chir. Rev., Oct., p. 492.

*Zinc.*

FALCK.—*Investigation of the actions of the Soluble Salts of Zinc.* Deut. Klin., 45, 47, 49, 52, 1860; and 2, 6, 13, 28, 1861. Schmidt, vol. 112, p. 18.

All or nearly all of the author's experiments relate to the acetate of zinc, which he gave in strong solution to rabbits and pigeons, and found that in that state it is an active, irritant poison, resembling in its effects other metallic irritants. From other experiments it appears that acetate of zinc produces a permanent precipitate in milk, but that the precipitate which it determines in solution of albumen is dissolved in excess of the precipitant. For this reason it is recommended to give milk in preference to albumen in cases of poisoning by salts of zinc.

*Poisoning by Chloride of Zinc.*—Pharmac., p. 584.

VON VEIEL.—*On the external application of the Chloride of Zinc.* Wien. Ztsch., vol. xvii, parts 3 and 8.

The author uses chloride of zinc in alcoholic solution (equal parts of rectified spirits and chloride of zinc), in acid solution in water (1 in 50), or in the solid form, as a stick (prepared by pouring the fused chloride into moulds). Its advantages are as follows:—it combines with all the elements of the tissues, particularly with the albuminous compounds, and by its stimulant action induces contraction of the neighbouring

parts and diminution of the wound, accelerates suppuration, favours the rapid separation of the slough, and determines the formation of a healthy granulating surface. From the regular and symmetrical action of the caustic the resulting cicatrix is satisfactory. The pain is severe, but of short duration. In all the preceding respects the author has found it superior to the mineral acids, caustic potash, lunar caustic, or to the preparations of iodine. He has not compared it with other metallic chlorides.

#### *Iron.*

SKINNER.—*Ferri Carbonas Effervescentes, a new and elegant form of Chalybeate.* Brit. Med. Journ., vol. i, p. 627.

This preparation is made as follows:

R. Acidi Tartarici, 3ijj; Sodaæ Bicarbonatis, 3v; Ferri Sulphatis, 3x; Pulveris sacchari, 3ij 3vj; Acidi Citrici, 3ij.

The sulphate of iron is to be mixed with the sugar and part of the tartaric acid, and the citric acid with the remainder of the latter and with the bicarbonate of soda. The two mixtures are to be united and thoroughly incorporated by sifting. The result is then to be thrown into a metallic pan set in the water-bath and briskly agitated while hot, by which means it is caused to assume the granular form. It is administered in doses of a teaspoonful several times a day, and is found to produce a chalybeate effect with great rapidity, and to be therefore adapted for the treatment of neuralgia arising from anaemia. Owing to the soda salts developed during effervescence, the preparation is slightly aperient.

#### *Copper.*

GALLO.—*Fatal case of Poisoning by Copper.* Nass. Med. Jhrb., vols. xv, xvi, p. 743. Schmidt, vol. iii, p. 24.

A robust house painter took by mistake for brandy an ounce of a solution of copper. He immediately experienced intense abdominal pain, with vomiting and purging of green matter, which continued until on the third day the author was called in. The patient was then much emaciated, and the complexion was leaden; there were extreme muscular weakness, a foul and dry tongue, excessive thirst, abdominal tenderness on pressure, and abundant salivation. On the sixth day he became jaundiced. The bowels not having been relieved, castor oil was given, which produced free evacuations containing traces of green matter. From the eighth day he became progressively weaker, and was ordered chalybeates, arnica, valerian, ether, and beef tea. He gradually sank, and died on the sixteenth day. No autopsy.

#### *Lead.*

FREYTAG.—*On the actions of Compounds of Lead on the Human Body.* M. schrif der Gewerbevereins zu Cöln. Jänner, 1860. Canst., vol. vii, p. 11.

Freytag and Richter found that in certain cases of poisoning, in which

large quantities of basic acetate of lead were discovered after death, various shades of grey or slate colour were observed in the oesophagus, stomach, and intestines, the discolouration being most intense in the colon. In all the discoloured parts evidence was obtained of the presence of a compound of basic acetate of lead with organic matter.

*FOUQUET.—Case of Poisoning by Acetate of Lead.* Wien. Wchnschr., No. 11, 1861. Schmidt, vol. III, p. 24.

A healthy man, æt. 62, took an ounce of solution of acetate of lead by mistake for lycopodium, ordered for spasmodic dysury. He suffered in consequence from diarrhoea, with paroxysms of colic. The evacuations were watery, and contained much mucus. He became convalescent in a few days, under appropriate treatment.

*Poisoning by a Lead Plate used for the purpose of dyeing the Hair.* Bull. de Thér., vol. lxi, p. 280.

*Poisoning by Acetate of Lead.* Pharmac., vol. iii, p. 199.

*DUCHESNE.—On Lead Colic in workmen engaged in enamelling Iron.* Ann. d'Hyg., vol. xvi, p. 298.

The process of enamelling iron, for the purpose of protecting it from oxidation (*controxidation*), is carried on to a large extent near Paris in the manufacture of the supports for telegraph wires. These are prepared by covering the surface of the iron with a thin layer of a fusible enamel, containing 24 per cent. of oxide of lead. The process consists in pulverizing and sifting the enamel, and in dusting the powder on the articles to be enamelled, which are then exposed to a heat sufficient to fuse the coating. The author describes various methods actually employed in one or two of the factories, by which the workman is enabled to escape entirely the inhalation of the poisonous dust. Among other appliances he gives drawings and descriptions of masks or respirators, which, from their cheapness, lightness, and efficiency, appear admirably adapted for all occupations in which the health is liable to injury from similar causes. As regards the effects of the occupation, his account agrees with of M. Archambault. More than fifty cases of lead colic arising from this cause are now on record.

*ARCHAMBAULT, POTAIN.—On Lead Poisoning by the Powder of Glass among the workmen engaged in the Controxidation of Iron.* L'Union, vol. xi, p. 151.

The workmen who are employed in this process are constantly exposed to an atmosphere impregnated with flint-glass (silicate of potash and lead) in a state of impalpable powder, in such quantity that water through which it is passed becomes in a very short time covered with a white film. Of twenty-one persons employed in this process in a factory at Bercy, nineteen suffered within six months more or less severely from lead poisoning, and three died. The affection commenced with slight exaggeration of the appetite, which was succeeded by salivation. The subsequent symptoms were those observed in cases of lead poisoning, but the phenomena of colic were less marked. M. Archambault, finding that glass-dust, even in a pulverulent state, is only soluble in liquids having an

acid reaction, concludes that the lead it contains must enter the system in the process of digestion. With a view of determining how far the dust is soluble in the gastric juice, he took a meal while exposed to the air of the factory, and followed it by an emetic during the process of digestion. The sputa were found to contain a soluble salt of lead in considerable quantity. When the meal was accompanied with acid wine, the quantity was much larger.

#### *Arsenic.*

VON VEIEL.—*On the internal administration of Arsenic in Diseases of the Skin.* Würtemb. Corr. Bltt., No. 24, 1860. Canst., vol. v, p. 115.

The author, who is in charge of a hospital for diseases of the skin, has given arsenic (in pills containing one thirtieth of a grain each of arsenious acid) in 700 cases of skin disease. He has not met with a single instance in which gastro-enteritis, chronic vomiting, tenesmus, or any of the cerebro-spinal phenomena beginning with tremor or cramps, and ending in paralysis, have presented themselves. He, however, frequently met with those well-known symptoms of irritation of the mucous membranes which indicate the discontinuance of the drug (conjunctivitis, dryness of the throat and nose, and irritative cough, &c.). Strangury occurred in one case, and salivation in two others. In some of the patients the appetite and embonpoint increased in a marked degree, and the general health and appearance improved.

MASSART.—*On the therapeutic applications of Arseniate of Gold.* Rev. de Thér. Méd. Chir., No. 21, 1860. Schmidt, vol. 110, p. 23.

This preparation is obtained by mixing a solution of pure chloride of gold with arseniate of potash. The precipitate is separated by filtration and dried. It is given in pills, in doses increasing from one tenth to one third of a grain twice a day. Massart finds it useful in the advanced stages of phthisis, and in cancer, as a powerful tonic.

GERMAIN.—*Arsenious Acid in Dyspepsia.* Gaz. Hebdom., No. 7, p. 29, 1860. Canst., vol. v, p. 116.

Germain administered arsenious acid in pills, each containing one sixth of a grain. One pill was given daily before dinner in cases of chronic gastric catarrh characterised by anorexia, vomiting, gastralgia, diarrhoea, or constipation. The results were very satisfactory; the author attributes the favorable action of bismuth in similar cases to its containing arsenic.

BLOXAM.—*On the Electrolytic Test for Arsenic (Chemical Society).* Chem. News, vol. iii, p. 77.

In a paper, of which an abstract is given in the 'Year Book' for 1860, Prof. Bloxam showed that when arsenical compounds mixed with diluted sulphuric acid were acted upon by the current, produced from four or five cells, arseniuretted hydrogen was liberated from the negative pole, but that arsenic acid did not respond to this test, and that the presence of mercury interfered with it. The author has now obviated these difficulties by adding a small quantity of sulphuretted hydrogen to the liquid during its electrolysis. By this means a ring of tersulphide of arsenic, followed

by one of metallic arsenic, is readily obtained either from solutions of arsenic acid or from organic substances containing arsenic which have been destroyed by chlorate of potash and hydrochloric acid. It was further found, that when organic substances containing both arsenic and antimony treated as above were introduced into the cell, antimoniuretted hydrogen was evolved in the first instance free from arseniuretted hydrogen; and that, on the subsequent addition of sulphuretted hydrogen, the latter was given off free from the former. The process thus affords a means of successively detecting both metals.

**LIPPERT.**—*On Reinsch's method of detecting Arsenic.* Journ. f. prakt. Chem., vol. lxxxi, p. 172. Journ. de Pharm., vol. xxxix, p. 78.

Lippert demonstrates that the deposit is not, as has hitherto been supposed, pure arsenic, but an alloy having the constitution  $Cu_3As$ . Heated in a current of hydrogen, the deposit loses arsenic and is transformed into a white alloy, having the constitution  $Cu_6As$ , identical with that of the mineral domeykite.

**REYNOLDS.**—*Case of Poisoning by Arsenic near Wakefield, with remarks on Dr. Taylor's new process.* Pharmac., vol. ii, p. 511.

A single lady (whose household consisted of herself and two servants, a man and a maid) suffered at various periods, and particularly during the week preceding her death, from the symptoms of gastro-enteritis. Subsequently a suspicion arose that these symptoms, which had been attributed by the medical attendant to natural disease, were caused by poison, in consequence of which the body was exhumed by order of the coroner. The viscera and their contents were placed in the hands of Mr. Nunneley for analysis, who gave evidence that the pathological appearances were such as the administration of arsenic would account for, and that arsenic was found in all the viscera examined. It having been stated at the inquest by a medical practitioner who had also examined certain of the organs, that no arsenic was present, the body was re-exhumed previously to the trial, by order of the Home Secretary. A second analysis of the remaining viscera was performed by Mr. Nunneley, who found arsenic throughout the whole body, even in the brain and uterus. An independent analysis of parts of the liver, kidneys, lungs, and intestines, was made by Mr. Reynolds, who also obtained the clearest evidence of the presence of arsenic.

**Alleged Poisoning by Arsenic.** Pharmac., vol. ii, p. 614.

At the coroner's inquest on the body of a child supposed to have been poisoned, evidence was given by a medical practitioner to the effect that by Reinsch's process he had obtained proof of the presence of arsenic in the contents of the stomach and intestines, as well as in the viscera. He had added ammonio-sulphate of copper and ammonio-nitrate of silver to liquids containing organic matter, and obtained what he supposed to be characteristic reactions. He had made other equally inconclusive experiments, on which he founded the opinion that arsenic had been administered. The organs were subsequently sent to Mr. Horsley, who found that they contained no arsenic.

**Poisoning by Arsenic.**—Pharmac., vol. ii, pp. 385, 386, 485, 486, 535, 582; vol. iii, p. 198.

BÄDEKER.—*Researches on the transformation of the Arsenic employed in the Manufacture of Glass.* Pappenheim, part ii, 1861, p. 68.

This inquiry was undertaken at the suggestion of Dr. Pappenheim, with reference entirely to the question whether or not the arsenic largely employed in the manufacture of some kinds of glass, assumes any form likely to be injurious to the public health. The author analysed the glass, the scum (consisting mainly of sulphate of soda, sand and carbon), the deposit in the flue, the dust of the glass-house, the snow in the neighbourhood, &c. His method was as follows:—The arsenic was in every case separated as sulphuret; the precipitate was dissolved in weak ammonia and evaporated; the residue was treated with fuming nitric acid, and again evaporated; the product again dissolved in ammonia, and the solution treated with ammonio-chloride of magnesium. The resulting crystalline precipitate ( $\text{AmO}_2\text{MgO}_2\text{AsO}_5 + 12\text{H}_2\text{O}$ ) contains 39·17 per cent. of metallic arsenic. The results were as follows:—In the glass-works investigated, arsenic was employed in the proportion of  $\frac{1}{4}$ th per cent., of which quantity the analysis showed that  $\frac{1}{4}$ th was retained in the glass, and  $\frac{3}{4}$ ths was either removed with the scum or sublimed. In the scum arsenic exists in a soluble form (arsenite of soda), in the deposit from the flue in an insoluble state (arsenite of iron). It was found that no arsenic was contained either in the snow or water in the neighbourhood.

#### *Mercury.*

POLAK.—*On the employment of Mercury in Persia as a remedy against Syphilis.* Wien. Med. Wchnschr., No. 36.

The author gives the following as the conclusions to which he was led by observations made during his nine years' practice in Persia. Mercury can be given in much larger quantity and for a longer time without affecting the mouth than in temperate climates. The natives use calomel as a universal remedy, and take it in enormous doses, even for the most trifling ailments; but no bad results, either direct or remote, are observed from its use. As a remedy against syphilis it is administered by inhalation. For this purpose a lozenge containing two drachms of cinnabar is added twice a day to the moist tobacco usually smoked in the Narghilé. The author found that in this way the constitution is affected more rapidly than in any other. He believes that the cure is radical, founding that belief on the observation that in Persia the children of infected persons who have been thoroughly mercurialized are healthy.

#### *Oxalic Acid.*

LITTLEJOHN.—*Case of criminal Poisoning with Oxalic Acid, in which Perforation of the Stomach took place.* Edin. Med. Journ., July, p. 13.

An unmarried woman administered to her infant, twelve days old, an undetermined quantity of oxalic acid; death took place in less than an hour, but whether immediately or at what interval of time could

not be ascertained. The most remarkable appearances due to the action of the poison observed at the autopsy were the following :—"The lips were of a blackish colour, and exhibited a puckered and corroded appearance;" the upper surface of the tongue was grey and sodden, and covered here and there with pasty-looking matter; the mucous membrane of the pharynx was highly congested, that of the oesophagus macerated, and towards the cardia of an ashen colour. There was a perforation implicating a considerable part of the posterior wall of the stomach, the adjoining mucous membrane being dark (in the accompanying drawing black) and softened. The mucous surface of the pyloric end of the stomach and of the duodenum was congested, that of the remainder of the small intestine healthy. The oxalic acid remaining in the alimentary canal was determined quantitatively to be four grains. From the post-mortem appearances, the speedy death, and the character of the stains on the child's clothing, the author concludes that the acid was given in concentrated solution. On opening the abdomen the contents of the stomach were found in the cavity of the peritoneum, so that perforation could not have been produced in the process of dissection.

#### *Santonine.*

**ROSE.**—*On the phenomena consequent on large doses of Santonine and Semen-contra.* Bull. de Ther., vol. lxi, p. 234.

The author found that santonine, in doses varying from three grains to a drachm, was without toxic action either on man or animals, whereas the santonate of soda, in doses of a drachm, induces death, preceded by convulsions. The difference he attributes to the fact that scarcely any of the santonine is absorbed, while the salt passes into the circulation with great rapidity. Three hours after taking santonine, M. Rose observed that all surrounding objects appeared yellow; larger doses produced only a peculiar kind of headache and a great desire to micturate. The urine passed was orange-coloured, and became purple on the addition of alkaline.

#### ALKALOIDS.

**LAFARGUE.**—*Hypodermic inoculation "par enchevilement" of Sulphate of Atropine, Muriate of Morphia, Sulphate of Strychnia, and other similar substances, in the treatment of Neuralgia, Partial Paralysis, &c.* Bull. de Thér., vol. lx, p. 22.

The new method recommended by M. Lafargue consists in the introduction, under the integument of the affected part, of a solid but perfectly soluble needle-shaped cylinder, resembling a filament of uncooked vermicelli. These cylinders are prepared by rolling a pill mass made of the alkaloid, intimately mixed with white sugar and small proportion of mucilage; those of sulphate of atropine contain about one thirtieth of a grain of the salt. In order to introduce the cylinder, the author passes a sharp needle, previously ground to a lance-shaped point, under the integument to a sufficient distance; the needle is then withdrawn, and the cylinder, which must be of less diameter than the needle, inserted in its place, where it is confined by a bit of sticking plaster. The advantages claimed

for this method are its great simplicity and its consequent adaptability to country practice, and the certainty with which the dose is measured.

SCHOLZ.—*On the sub-cutaneous injection of various Alkaloids.* Wien. Med. Wchnbl., vol. xvii, No. 2, 1861. Schmidt, vol. 110, p. 293.

The author successfully injected one to one and a half grain of acetate of morphia in nine cases as an anodyne, and one twentieth grain of valerianate of atropia in two cases as an antispasmodic. The injection was made by first introducing a lancet-edged needle immediately under the deep surface of the corium for five or eight lines, having previously raised the skin into a fold to avoid wounding subjacent parts, and then withdrawing the needle and immediately replacing by the tube of Anel's syringe charged with the solution.

SEMELEDER.—*On the subcutaneous injection of Alkaloids.* Wien. Med. Halle, vol. ii, p. 34. Schmidt, vol. 112, p. 286.

This paper is a report on more than 300 cases of various forms of neuralgia, observed by the author in the General Hospital at Vienna. A solution of five grains of acetate of morphia in a drachm of distilled water was employed. Of this, 15—20 milligrammes (= 1-58th—1-42nd grain of morphia) were injected by a glass syringe, furnished with a steel, lancet-pointed canula, and having its graduation on the piston rod. The rod is also furnished with a stop, which screws up and down upon it, and can thus be fixed at any point, so as to limit the stroke of the piston and consequently the precise quantity delivered by the syringe, at the will of the operator. The injection is performed in the usual manner. The results were satisfactory, with one exception, in which sleep continued for fifty-four hours, interrupted by restlessness and screaming. Almost all the patients, half an hour after the application, experienced slight headache, vertigo, malaise, nausea, and simultaneous cessation of pain, followed by sleep; they attributed the sleep not to the narcotic action of the drug, but merely to the relief of suffering. The author concludes from his experience that subcutaneous injection is more certain and effectual than the internal administration of morphia with a view to the relief of pain, but that in private practice it is liable to two drawbacks, viz.—(1) that the practitioner must always perform the injection himself; and (2) that it is impossible to guard against the occasional occurrence of very inconvenient consequences in persons who are abnormally susceptible to the action of the alkaloid.

SCHROFF.—*Aconitum Lycocotonum in its pharmacognostical, toxicological, and historical relations.* Wien. Ztsch., vol. xvii, pp. 57 and 161. Schmidt, vol. 112, p. 15.

The toxicological part of this inquiry is founded on twenty-two experiments on rabbits. As regards the physiological action of the drug, the author finds that the alcoholic extract of the root exercises its general action most rapidly when introduced into the peritoneal cavity, less so when injected into the cellular tissue, and least of all when taken internally. Its general action manifests itself in—(a) depression of the functions of respiration and circulation, either immediately or after previous excitement (manifested in increase of temperature of the ears and neighbouring parts);

(b) dilatation of the pupils; (c) tremor of the integuments, and progressive impairment of function, terminating in paralysis of the voluntary muscles; and (d) increased reflex activity, at first, with subsequent coma vigil. In these respects the action of this corresponds to that of other species of monkshood, but it differs strikingly from *Aconitum napellus* in not increasing the excretions either of the bowels or kidneys. Whereas both in poisoning by aconitine and by the root of the *A. napellus* death is preceded by considerable dyspnoea, violent convulsions, and a prolonged agony, the action of the present species is purely sedative. Spasm is either entirely absent or manifests itself very feebly. After death no appearances were observed of congestion or inflammation, either of the brain or its membranes, or of the mucous membrane of the alimentary canal. As regards the comparative activity of different parts of the plant, it was found that the leaves of this species are less poisonous than of any other (five grammes of the extract had no marked effect), but that the root is by far more active than in any other indigenous aconite. Thus,  $\frac{1}{10}$ ths of a gramme of the alcoholic extract of the root of *A. lycocotonum* was fatal in from four and a half to six hours, whereas the same quantity of the same preparation of the root of *A. neomontanum* required from seven to twenty-two hours. In the rapidity of its action it was only surpassed by the Himalayan species (*A. ferox*). As regards the effect of the period of growth of the root, it appeared that in June and July the root was much more active than in September. The author concludes from his experiments that the acrid principle which is so abundant in *A. ferox* is absent in *A. lycocotonum*, while the bitter narcotic principle exists in greater purity and abundance than in any other species. It is shown that alcohol is the best menstruum for extracting the latter, and that water is entirely unfit for the purpose. It is however soluble in water, and is taken up, along with fermentable sugar, from the alcoholic extract by that agent. Schroff has not yet determined in what state of chemical combination it exists in the plant.

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DUCKWORTH.—*On the physiological action of Aconitina.* Brit. Med. Journ., vol. i, p. 224.

Mr. Duckworth's conclusions, from experiments on cats and rabbits, are as follows:—In rapidly fatal cases death is caused either by direct cardiac syncope or by a powerfully sedative impression on the nervous system. Before death the pupils, which are at first contracted, become excessively dilated. When given in somewhat smaller doses, aconitina gradually retards the action of the heart and respiration, the latter at the same time becoming irregular and suspicious. The phenomena which precede death appear to be referable to a combination of asphyxia and syncope, the former being indicated by venous congestion, the latter by the impairment of the action of the heart.

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SKINNER.—*Poisoning by Aconitum Napellus.* Brit. Med. Journ., vol. i, p. 360.

A strong and healthy woman, set. 30 (who a week previously had taken a smaller dose without effect), was ordered two table-spoonfuls, three times a day, of a mixture containing  $\frac{1}{2}$ ij in  $\frac{1}{2}$ j of Fleming's tincture of aconite.

Three hours after the second dose her condition was as follows :—" Countenance pale and exsanguine; pupils widely dilated ; the muscular system was so weak and relaxed that she could barely stand or walk ; the pulse and the heart's action were very slow and faint, and the respiration laboured." She further complained of lipothymia, drowsiness, and loud noises, as if of rumbling wheels, in her ears, and experienced numbness and tingling of the tongue, hands, tips of the fingers and soles of the feet. On the administration of emetics and stimulants she rapidly recovered. It thus appears that symptoms of poisoning were produced by not more than four minims of Fleming's tincture. The author adds that his patient was neither sensitive nor hysterical, and free from organic disease.

ATTHILL.—*Case of Poisoning by Aconite.* Dublin Quart. Journ., Aug., 1861. Pharmac., vol. iii, p. 193.

Half an ounce of a liniment containing half a drachm of tincture of aconite to an ounce of Lin. Saponis was taken by mistake by an adult. He was first seen two hours afterwards. He then complained of prostration and a feeling of dry heat and tightness of the skin, accompanied by the sensation of numbness and tingling. The pulse was at first intermitting, and subsequently became more and more irregular and feeble, until it was no longer susceptible. These symptoms were interrupted by several paroxysms of convulsions (the patient had been subject to epileptic fits). After several hours he gradually rallied. The treatment consisted in emetics, stimulants, and artificial respiration by Silvester's method.

STRACHAN.—*Case of accidental Poisoning by Fleming's Tincture of Aconite.* Edinb. Med. Journ., Sept., p. 259.

*Poisoning by Aconite.* Pharmac., vol. ii, p. 486; vol. iii, p. 199.

KAY.—*Poisoning by Aconite.* Lancet, Aug. 17th.

#### Morphia.

NIVISON.—*On the antagonistic effect of Opium and Quinine.* Pharmac., vol. iii, p. 277.

From clinical observations Dr. Nivison concludes that, in many inflammatory affections, large doses of opium may be safely given in combination with quinine (with a view to its sedative action) without danger ; that its tendency to reduce the secretions of the liver and kidneys, and to diminish respiration, is thereby counteracted ; that the after-effects are averted ; that in cases of extreme exhaustion the combination of opium with full doses of quinine is of great value ; that many persons, unable to take opium alone from constitutional idiosyncrasy, are able to do so when it is combined with quinine ; and lastly, that many of the occasional inconveniences of the administration of quinine are obviated by combining it with opium.

LEFORT.—*Chemical and Toxicological Studies on Morphia; with observations on its transmission in the animal organism.* Journ. de Pharm., vol. xl, p. 97.

This paper contains a single new fact—namely, that the brown-yellow colour produced by iodic acid in solutions of morphia is not due to the

liberation of iodine, as has been generally supposed. This follows from the observation that it is heightened by the subsequent addition of ammonia, whereas the brown colour produced by the addition of iodic acid to other organic compounds which decompose it is at once discharged by that reagent. With this modification M. Lefort recommends the iodic acid reaction as the most delicate test for morphia, being applicable to solutions containing only  $10.000^{\text{th}}$  of the alkaloid.

VOWINKEL.—*A case of Poisoning by Opium; legal proceedings respecting it.* Deut. Ztsch., vol. xv, part 2. Canst., vol. vii, p. 14.

The author relates a case in which a child, set. 2 years, suffering from bronchial catarrh, was ordered a mixture containing tartar emetic, cherry-laurel water, and tincture of opium. After six doses the child died. It was found that the remainder of the mixture contained no antimony, but an undue proportion of opium; so much, indeed, that it was estimated that one sixth of a grain of morphia had been taken. Death was preceded by drowsiness and stupor, terminating in coma and paralysis of the sphincters. After death the blood was found fluid; the membranes of the brain were congested, and there was much effusion in the ventricles. There were also extensive adhesions of the left pleura, and the right lung was partially impenetrable to air in consequence of compression (*atalectasis*) of the upper lobe. The mucous membrane of the bronchial tubes was injected to their smallest ramifications, which contained red and frothy mucus. The evidence showed that tincture of opium had been inadvertently substituted for antimonial wine.

ZEPUDER.—*Case of acute Poisoning by Morphia in a child of eleven weeks.* Wien. Med. Halle, vol. ii, No. 14, 1861.

A female infant, set. eleven weeks, received at about nine p.m., by mistake, one twelfth of a grain of acetate of morphia. Sleep followed almost immediately, and continued, interrupted by convulsions, till next morning. The face was dusky, the lips livid, the pupils contracted, and the countenance staring. Emetics were given without effect, and strong coffee, both by the mouth and in injections, at short intervals. Sleep continued till evening, still interrupted by paroxysms of tetanic convulsions (*opisthotonus*). Leeches were then applied to the mastoid processes, after which the spasms ceased, and the child slept quietly. Next morning it was well.

DUNCAN.—*Accidental Poisoning by Opium.* Lancet, June 29th.

A lady, set. 65, took, at 8.40 p.m., about an ounce and a half of laudanum by mistake for a purgative draught. The patient was seen by Dr. Duncan half an hour after, when she was perfectly conscious. Copious vomiting was induced by scruple doses of sulphate of zinc in warm water, and the stomach-pump was used. During the action of the emetic fatal syncope was several times threatened. An hour after the accident, narcotism came on; the usual expegefacient treatment was maintained for twelve hours, and beef tea was injected at intervals. After this the patient became capable of being roused, but there was extreme prostration, so that death appeared imminent. Under an appropriate treatment she eventually recovered.

**NEWMAN.**—*Case illustrating the antagonistic effects of Opium and Belladonna.* Brit. Med. Journ., vol. ii, p. 30.

A female, æt. 55, took, at an interval of three hours, two doses, each of a quarter of a grain, of acetate of morphia, the last being taken at midnight. She slept heavily till 6 a.m., when, in order to procure more sleep, she took two pills made from a plaster, (*Emplastrum Thuris c. Belladonnæ*), which had been applied some days before. Shortly after the pupils became dilated, and delirium supervened, which assumed the characteristic features of that produced by belladonna.

*Poisoning by Opium.*—Pharmac., vol. ii, pp. 386, 486, 536, 584, 616; vol. iii, pp. 45, 46, 151, 199, 292, 294, 341.

#### *Alkaloids of the Solanaceæ.*

**ST. AUGE.**—*Poisoning by Hyoscyamus.* Journ. de Pharm., vol. xxxix, p. 383.

A gentleman took by mistake for borage two cups of infusion of henbane. When seen a short time after, he was in bed, in a state of profound sleep. The features were pale, the lips blue, the breathing tranquil, and the pulse full (82). On being roused, he muttered and became irritable. On attempting to make him drink, he resented it violently, and soon fell into a state of hallucination, in which his countenance assumed a menacing aspect, and he called on various absent persons by name, with whom he imagined himself to be in debate. When left to himself he relapsed into a lethargic sleep. Sinapisms were applied to the thighs and legs, and five grains of tartar-emetic given by the mouth, after which he rapidly recovered.

**EVANS.**—*Poisoning by the Berries of Belladonna.* Brit. Med. Journal, vol. ii, p. 305.

A child, æt. 9, who had taken four berries of belladonna, was admitted into the General Hospital at Birmingham at three p.m., with dilated pupils, quick pulse, and heat of skin, but no other symptoms whatever of poisoning. Three hours afterwards, as no symptoms had occurred, she was allowed to get up. On doing so, she became "giddy and confused," and "soon began to make snatches at imaginary objects," which appeared from her talk to be chiefly articles of work, and various insects, &c. From this time the delirium rapidly increased—at one time expressive of joy, at another of terror. The tongue became dry, the heat of skin increased, the pulse became more rapid, and the voice became singularly clear. This condition continued until the evening of the following day, when, after the action of a stimulant enema, given to relieve tympanitis, she fell asleep, and awoke next morning convalescent.

**ROUX.**—*Poisoning by Atropine.* Ann. de Thér., p. 13.

**DEBIZE.**—*Preparation of Nicotine.* Ann. de Thér., p. 28.

The method employed consists in passing steam through a quantity of tobacco mixed with lime in powder. The steam becomes charged with nicotine, and is condensed. The distillate is then exactly neutralized with

sulphuric acid, reduced by evaporation, and treated with ether containing ammonia, which liberates and takes up the nicotine.

*Strychnia.*

GUY.—*On the Colour-tests for Strychnia, and the diagnosis of the Alkaloids.* Pharmac., vol. ii, pp. 558, 602; and vol. iii, 11 and 112.

This paper is founded on observations originally given to the profession in the 'Croonian Lectures' for 1861. Dr. Guy proposes the four following questions for solution:—(1) The best form and mode of application of the colour-tests. (2) Of the colour-tests, which is to be preferred? (3) Are the colour-tests, or is the selected test, open to any serious objection? (4) Is it possible, by means of the colour-tests, or by any simple modification of them, to distinguish the alkaloids from each other? To the first question he answers, that the best mode of applying the test is to dissolve the alkaloid in the acid, and then to add the colour-developing substance, and that it is best to use the acid concentrated, and the reagent in substance. He finds that, in testing for strychnia, permanganate of potash is the best reagent. In answer to the third question, the author's researches have led him to the conclusion, as regards strychnia, that the evidence yielded by the colour-tests is open to no valid objection, and that the "development of a rich blue colour," "passing, after a few seconds, into other colours, affords undeniable proof of its presence." In pursuance of the fourth branch of his inquiry, Dr. Guy has investigated the action of sulphuric acid (alone, and followed by the solution of permanganate of potash) and nitric acid under various conditions of temperature. On the results he has founded a classification of the alkaloids, which he believes will be found serviceable in the discrimination of these bodies.

TSCHERPKE.—*Case of Poisoning by Nitrate of Strychnia, Acetate of Morphia, Bitter Almonds, and the inhalation of Chloroform.* Deut. Klin., No. x, 1861. Schmidt, vol. 111, p. 26.

An apothecary's pupil took eight to ten grains of nitrate of strychnia in an ounce of Aqua Amygd. Amar. No effect following in half an hour, he took ten grains of acetate of morphia in another ounce of the same solvent. Ten minutes later he poured chloroform on his pillow, and lay down. This produced slight narcotism, which, however, passed off in a quarter of an hour. He then had twitches of the nose and wrists, but no pain. The patient tried to get up, but was unable. At a quarter to ten he was first seen. On being spoken to, he fell into a violent convolution, on which Dr. Techepke was sent for, and arrived at eleven. The eyes were then closed, the countenance pale, and the features rigid. On the patient's hand being grasped, his whole body was jerked up as if by an electric shock, the pulse became imperceptible, and respiration ceased. After a few minutes he opened his eyes (the pupils of which were dilated), and stretched out his hand to Dr. Tschepeke, who thus was enabled to observe that his pulse was small and frequent. In answer to the question what poison he had taken, he lisped with difficulty "strychnia." Before an emetic could be administered, a large quantity of a reddish liquid, containing white portions, was vomited, which smelt strongly of bitter almonds, and was found to consist of a pottage of hurtle-berries, and

remains of some dumplings which had been taken for supper. Subsequently, vomiting of similar matters was twice induced by emetics. Shortly after, the patient began to tear violently at his nose and hair, and scratched his face, wrists, and other parts of his body. A few seconds later, clonic spasms came on, which lasted some minutes. Then he crossed his arms over his chest, breathed noisily, stretched himself out at full length, arched his body backwards, and then lay like a corpse, breathless and pulseless. On feeling the wrist, another paroxysm was induced, which began with clonic spasms, gradually becoming tonic, and terminating in opisthotonus. After the fit he became conscious. The treatment consisted in the alternate exhibition of tannin and emetics, at intervals of a quarter of an hour. The paroxysms continued, but became less severe and of shorter duration, the patient tearing and scratching himself as above described in the intervals. About half-past twelve the emetic was discontinued, and the patient was able to relate the previous circumstances. The tannin was continued in doses of three grains, combined with a quarter of a grain of codein. At four a.m. both the vomiting and the convulsions had ceased. The patient had snatches of sleep, and towards morning complained only of oppression and dryness of the throat. The tannin was continued for the first day every half hour, and subsequently every hour. In three days the patient's convalescence was established, and no after symptoms presented themselves. The author attributes most of the spasmoid phenomena observed to strychnia, but he considers the twitching of the nose and wrists, and the dilatation of the pupils (?) observed at the beginning, to the morphia. That recovery should have followed after such enormous doses of morphia and strychnia he considers explicable, partly by the circumstance that he had eaten heartily immediately before of a food calculated to envelop the poison, and moreover containing tannin (the hurtle-berries), partly by the antagonistic action of the two alkaloids.

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PART.—*Case of Poisoning by Strychnia.* Lancet, March 30th.

On the 1st of October, 1860, Dr. Part was called to see a female servant, æt. 31, who was then in a state of tetanic spasm. On the cessation of the contractions, an emetic of sulphate of zinc was administered, which for three quarters of an hour produced no effect, while "slight tetanic spasms, like electric shocks," recurred from time to time, especially when she was touched, and she frequently ejaculated, "Oh, hold me!" A second emetic was then given, and the patient, at her own request, was laid on the floor. A paroxysm of greater violence than any that preceded it was thereupon induced, which was marked by contortion of the features, cyanosis, proptosis, and mydriasis, rigid extension of the arms, extension and abduction of the legs, and opisthotonus. On relaxation of the spasm a gasp took place and she appeared to be dead, but another gasp followed and respiration was thus established. In ten minutes more she vomited freely, after which she improved, the paroxysms rapidly diminishing in violence, and in eleven hours she was convalescent. In one of the intervals she confessed that she had taken a packet of "Battle's Vermin-killer." In the remainder of the paper Dr. Part investigates the claims of various substances to be regarded as chemical

or physiological antidotes to strychnia, and after pointing out the beneficial action of vomiting in the case related, and the conclusions of Dr. Harley as to influence of strychnia in destroying the capability of the blood to support respiration, concludes that "we have in vomiting a real and true antidote to poisoning by strychnia," a means of combating those "morbid effects of the poison which are said to tend to death—the diminished capacity of the blood for oxygen and the consequent falling of the animal heat."

**HARLEY, TARLETON.**—*Fatal case of Poisoning by three grains of Strychnine in a boy aged twelve years.* Lancet, Nov. 16th.

In this case the patient had, out of childish mischief, taken a pill containing three grains of strychnia, from a box of such pills employed for poisoning dogs. From the facts related it appears that cramps came on about two hours and a half after swallowing the pill. Death occurred about forty minutes later, consciousness remaining unimpaired to the last. In one of the intervals the patient distinctly confessed having taken the pill. The prolongation of the period of latency in this case may be accounted for by the fact that the pills, which were made with mucilage, had been prepared for eight months.

**HARLEY.**—*Fatal case of Strychnine Poisoning in a girl aged eleven years.* Lancet, Oct. 26th.

The patient, first seen at seven p.m. on the 6th June, 1860, was "in a violent tetanic spasm" (trismus and opisthotonus). On recovering, her intellect was clear; she willingly and easily swallowed an emetic of sulphate of zinc, and admitted that she had taken a quantity of strychnia. Vomiting was produced, after which she lay on her back with her eyes closed. On raising the eyelids to ascertain the state of the pupils (which were natural) a violent spasm was induced, the patient at the same moment crying out: "Hold my legs, hold my legs! I am dying, I know I am!" During the attacks, which rapidly succeeded each other and gradually increased in severity, the pupils were dilated and the countenance became livid. During the last convulsion the lividity was extreme, and the muscles of the chest were so firmly contracted that the respiratory movements were completely arrested. The spasm passed off, but the heart had ceased to beat. Death was followed immediately by *rigor mortis*, commencing with the muscles of the hands and arms. The most important facts revealed by the examination of the body, which took place forty hours after death, were the following:—Lividity of the fingers and nails; bright-scarlet colour of the thighs and arms on the inside; rigid extension of the legs; firm clenching of the hands and arching of the feet; fluidity of the blood; flaccidity and emptiness of the heart; congestion of the lungs; absence of any abnormal appearance in the digestive organs. It was ascertained that the patient, after taking the poison, sat down at table, poured out tea for her father, eat and talked in her usual manner, until the spasms commenced.

*Strychnine administered by mistake.* Brit. Med. Journ., vol. ii, p. 400.

Strychnia was administered by direction of a medical practitioner in mistake for santonine. The child became convulsed in half an hour, and

shortly afterwards died. It appeared that the bottles containing the two drugs stood side by side in the surgery, and that the labels were illegible. It had been intended to give santonine as an anthelmintic.

SCHÜLER.—*Poisoning by Strychnia injected into the Lachrymal Canal.*  
Gaz. de Paris, No. 6, 1861.

A tenth of a grain of strychnia was introduced at various times into the eye of a man, æt. 50, who had suffered from amaurosis, without result, a fact attributable to the slight solubility of the alkaloid. Thereupon one twentieth grain was injected into the lachrymal canal. From three to four minutes after, the countenance became blue and pale, and the patient had spasmodic twitchings, vertigo, and an inclination to fall forward. Soon after, there were complete aphonia, difficult and interrupted breathing, and tetanic shudderings, all of which symptoms declined in half an hour.

TILLIER.—*Strychnia in Diphtheritic Paralysis.* Ann. de Thér., p. 31.  
In the paper several cases are given illustrative of the good effect of combining strychnia with iron, although the latter alone was unsuccessful.

#### *Quina.*

KÖSTER.—*On the Action of Sulphate of Quina.* Med. Ztg. Russlands, No. 37, 1860.

The author made experiments on himself under the direction of Dr. Böcker, from which he concludes that the analysis of the urine discharged within sixteen hours of the exhibition of the drug affords no evidence of increase or diminution of the quantity of any constituent of that excretion. The results, however, afford no proof that the exchange of material is unaffected by quinine, for in several respects the products of the metamorphosis of tissues cannot as yet be accurately measured, and, moreover, in this instance no attempt was made to determine the excreta of the lungs, skin, or liver. It therefore remains an open question whether or not quinine exercises any influence on the processes of organic life.

#### *Coffein.*

CELLARIER.—*New observation on the action of Coffee in Strangulated Hernia.* Bull. de Thér., vol. lxi, p. 270.

Coffee has of late attracted much attention in France, as an auxiliary to the taxis. With a view to the special application, M. Cellarier treats of its general therapeutical actions in large doses. He is of opinion that most of the phenomena observed are referable to its power of inducing muscular contraction, particularly of the muscular fibre of organic life. Thus we may account for the increased firmness of the pulse and strength of the impulse of the heart observable after moderate doses, and the tumultuous excitement of the circulation produced by larger quantities. The action of coffee as an antidote to opium admits of the same explanation. The author holds that its "marvellous" effects in hernia are due to its power of exciting contractions in the strangulated intestine, by which reduction is favoured or determined.

KURZAK.—*On the action of Coffein on Animals.* Wien. Ztsch., vol. iii, p. 40. Schmidt, vol. 109, p. 172.

Kurzak administered citrate of coffeein to rabbits and frogs. In rabbits doses of less than 2·7 grains produced no perceptible effect, four grains produced marked effects, and six grains were fatal. Death, however, did not take place for several hours (thirteen hours after doses of ten grains). The effects were as follows :—(1) Exaltation of excitability, at first imperceptible, subsequently manifesting itself in increased susceptibility to slight stimuli, in a terrified manner and in excessive restlessness ; (2) the heart's action was accelerated from 160 to 240, and remained excited for some time afterwards ; (3) after large doses the respiration was retarded, from 64 to 32 ; (4) the temperature of the body was scarcely altered ; (5) the pupils were unaffected ; (6) as the case advanced, voluntary muscular movement was diminished. Death was preceded by tetanic spasms.

In frogs the results were somewhat different. The respiratory movements were at first accelerated, but became retarded after the first hour, and in four hours had become imperceptible ; life, however, continued for one or two days. Tetanic spasms occurred in an hour, and were induced in great intensity by the slightest stimulus for some time afterwards. Voluntary movements ceased after four hours, but slight reflex actions could still be induced, even on the second day.

#### *Veratrine.*

NIVET and GIRAUD.—*Cases of Poisoning by Veratrum Album.* Gaz. Hebdo., vol. viii, No. 31.

Three members of a family of villagers suffered at various periods in the months of August and September, 1860, from severe symptoms of irritant poisoning; two of the cases were fatal, the third recovered. In the most severe of the former the symptoms were—burning epigastric pain, acid ructus, vomiting and purging, with bloody and dark-coloured evacuations, tenesmus, emaciation, anxiety and prostration, without delirium or other symptoms referable to the nervous system. Portions of hellebore root were found in the house, and on chemical examination of the liver, heart, pancreas, and intestines, evidence was obtained of the existence of an alkaloid, probably veratrine.

BLAS.—*On a case of Poisoning by Veratrine.* Verh. d. naturf. Ges. in Freiburg, vol. ii, p. 173.

A child,  $\text{æt. } 3\frac{1}{2}$ , took from six to eight ounces of a decoction of the root of *Helleborus albus*, prepared for the destruction of lice in cattle; an infant,  $\text{æt. } 1\frac{1}{2}$ , took a smaller quantity. Both children recovered; the symptoms were as follows :—Vomiting of an acid liquid containing half-digested food with yellow mucus; countenance pale, head hot, but general surface cold; pulse small, slight convulsive twitches of the limbs, dilated pupils, eyes staring, with revolving movements of eyeballs. The vomited matters yielded, on extraction with alcohol and evaporation, a yellow substance, which possessed the physiological (investigated by administering it to dogs and cats) and chemical (sulphuric acid with bichromate of potash) characters of veratrine.

VANNAIRE.—*Veratrine in Dysmenorrhœa.* Journ. de Pharm., vol. xxxix, p. 67.

The author uses an ointment containing one hundredth part of veratrine

by weight, which is to be applied below the umbilicus. The results stated appear to be satisfactory.

#### *Propylamine.*

GUIBERT (de Louvain).—*On the Chemical and Therapeutical Properties of Propylamine.* Bull. de Thér., vol. ix, p. 60.

This remarkable substance, recently introduced as a therapeutical agent by Dr. Awénarius, is an alkaline principle resembling ammonia, and is regarded as constituted of an equivalent of ammonia combined with an equivalent of propylene ( $\text{NH}_3 + \text{C}_3\text{H}_6$ ). It is a colourless, transparent, and volatile liquid, having a penetrating smell like that of ammonia when concentrated, but recalling the smell of herring or anchovy brine. In order to obtain it, herring brine, previously rendered strongly alkaline by potash, is to be distilled. The distillate is then to be saturated with hydrochloric acid and evaporated to dryness. The crystalline mass thus obtained consists of hydrochlorate of propylamine along with sal ammoniac, from which the propylamine salts may be separated by treating the whole with absolute alcohol, in which it is soluble. Propylamine also exists in several plants, particularly in the various species of Chenopodium, from one of which (*C. vulvaria*) it may be obtained by distillation with weak solution of potash. Its presence explains the peculiar smell of stinking fish which characterises this plant. From repeated experiments which Dr. Guibert made on himself, it appears that in the condition of health the only action which the drug exercised, when taken in doses varying from twenty drops to three drachms, was that of diminishing the rapidity of the pulse. This effect was produced with great constancy in all the experiments. As regards the good effects of propylamine in rheumatism, Dr. Guibert confirms the experience of Awénarius. He recommends that it should be given in distilled water. A drachm would be a medium dose.

#### *Curare.*

THIERCELIN.—*Curare in Epilepsy.* Journ. de Pharm., vol. xxxix, p. 81.

As the products imported under the name of curare differ widely in their energy, the author found it necessary, before using a new specimen, to test its strength by experiments on dogs. From a large number of such experiments he concluded that a dog weighing twelve pounds is killed in twenty to twenty-five minutes by five centigrammes of good curare well powdered and introduced into the cellular tissue of the thigh. Three centigrammes produce only transient paralysis of the hind legs, and smaller doses even less marked symptoms. In the therapeutic administration of the drug, M. Thiercelin uses the endermic method, the quantity of the powdered curare applied to the blistered surface being three to five centigrammes. From the cases related it appears that the paroxysms of epilepsy are diminished in a very marked manner, both in number and intensity, during the exhibition of the remedy. No inconveniences resulted from its use in any of the cases.

## OTHER VEGETABLE PRODUCTS.

*Ranunculaceæ.*

BENTLEY.—*On Actaea or Cimicifuga racemosa.* Pharmac., vol. ii, p. 460.

The black snake-root, or bugbane, an herbaceous, perennial plant, is used in the western states of America as a remedy in several affections. It is imported in slices or fragments of the rhizome, which, as collected in the autumn, is most active, and somewhat resembles the root of the serpentaria (Virginian snake-root), a plant of entirely different character. It is principally used in acute rheumatism, and is spoken of as a certain remedy, its action being manifested in disappearance of the pain, and pyrexia, without either diuresis or diaphoresis. It may be given in tincture, infusion, decoction, or extract. Of the first, which is the best preparation, the dose is from 3j to 3j three or four times a day. The paper contains a minute analysis of the botanical, chemical, and pharmaco-gностical characters of the drug.

MACDONALD.—*Actaea racemosa in Acute Rheumatism.* Edinb. Med. Journ., Oct., p. 334.

DRAPER.—*On Podophyllin.* Pharmac., vol. iii, 331.

The resinous alcoholic extract of the rhizome of the mandrake (*Podophyllum pellatum*), a ranunculaceous plant, indigenous in the United States, improperly called podophyllin, is used in large doses (two to four grains) as a drastic purgative. It is said to produce nausea and griping, but this may be obviated by combining it with hyoscyamus. In small doses it is used in America as a sedative in phthisis.

*Leguminosæ.*

BERG.—*On Anacahuite Wood.* Vjhrschr. f. prakt. Pharm., vol. x, part 2, p. 241.

BUCHNER.—*On the same subject.* Bayer. Aerzt. Intell. Bltt, No. 13, 1861.

HANBURY.—*On the same subject.* Pharmac., vol. ii, p. 407.

ZIUREK.—*On the same subject.* Pharm. Ztg., part 4, 1861.

SEEMANN.—*On the same subject.* Pharmac., vol. iii, p. 164.

WALZ.—*On the same subject.* Verh. d. Naturh. Med. Ver. zu Heidelberg, vol. ii, p. 89. Schmidt, vol. 111, p. 22.

The paper of Berg is devoted to the investigation of the structural characters of anacahuite wood, a drug which has been lately imported from Tampico (Mexico), and has acquired in Germany an extraordinary reputation as a remedy against phthisis. Its botanical source is unknown, but the author is led by his researches to refer it to the natural order Leguminosæ. The other papers, above enumerated, relate entirely to the chemical properties of anacahuite. Buchner found that but very small quantities of soluble matter can be extracted, either by water or alcohol, from the wood or bark. The only fact of any importance elicited by his

inquiries was, that the liber yields on incineration no less than twenty per cent. of ash, consisting mainly of carbonate of lime, which is attributed by the author to the existence therein of large quantities of the oxalate of the same base. It is supposed that this fact may have some relation to the remedial uses of the drug. Ziurek found in the wood, deprived of bark and liber, resin, gum, gallic acid, and tannin, but, with the exception of 2·1 per cent. of bitter extractive, no constituent to which importance can be attributed therapeutically. Experiments on the therapeutical actions of anacahuite have been made at the Charité Hospital at Berlin without decisive results, the form employed being an infusion of shavings of the wood.

**WEIKART.**—*On the action of the Balsam of Copaiava.* Arch. d. Heilk., vol. i, part 2, 1860. Canst., vol. i, p. 142.

It has been long known that nitric acid produces in the urine after the administration of balsam of copaiva a precipitate which much resembles albumen. Weikart's researches were directed to the determination of the nature of this precipitate. He found that it was not dependent on the presence of the essential oil of the balsam of copaiva, for on submitting the urine to examination with the polariscope it was found to have no optical reaction, and consequently to contain none of that compound. On examining the precipitate itself, he found that it was soluble in alcohol, and that by evaporating the solution a crystalline substance was obtained, soluble in alkalies, which had the character of an organic acid (copiaivic acid), of the constitution  $C_{40}H_{82}O_4$ . From these and other facts he draws the conclusion that the copaivic acid of the balsam, on passing into the circulation, combines with the potash and soda of the serum, and that, unlike the salts of other organic acids, these compounds pass as such into the urine. On the addition of nitric acid they are decomposed, and give rise to the precipitate referred to. The author founds upon these facts a chemico-physical theory of the action of the drug in arresting suppuration.

**FLÜGEL.**—*On the use of Lotus Corniculatus in Intermittent Fever.* Bayer. Corr. Bltt., No. xvii, 1861. Schmidt, vol. 112, p. 21.

In the malarious district of Mitwitz this plant is constantly used as an antiperiodic, and is said to be as effectual as quina.

#### *Terebinthaceæ.*

**MILLON.**—*On the Pharmacology of Rhus Toxicodendron.* Bull. de l'Acad., vol. xxvi, p. 501.

Millon adopts the opinion of Bosc, that the two species are identical, differing in the form of the leaf, just as do the young and old plants of ivy. He shows experimentally that the common statement as to the poisonous action of the plant at a distance is unfounded. Although the juice is slightly rubefacient, an ounce injected into the stomach of a rabbit had no action; the concentrated decoction, the officinal extract, and aqueous destillate, were also inert. A crystalline product, obtained by the spontaneous evaporation of the ethereal extract, had no effect when applied

externally to the skin. The author is inclined to infer provisionally that thus toxicodendron is without action.

#### Sapindaceæ.

PATRUBAN, v.—*On the therapeutic uses of Paullinia sorbilis.* Oest. Ztschr., vol. v, No. 41. Schmidt, vol. 109, p. 287.

The ripe seeds of *Paullinia sorbilis* (Sapindaceæ) are collected in the province of Pará, North Brazil, and are pounded and kneaded into a paste by the natives of the districts bordering the rivers Uruguay, Ibicuy, and others. This paste is made into cakes of about a pound weight, which are dried in smoke. In this form it is known in commerce as Guarana paste. It contains an alkaloid guaranin, supposed to be identical with coffeein. It is given in powder as an astringent tonic, in doses of fifteen to twenty grains, several times a day. In larger doses it is said to produce vertigo, diplopia, sleeplessness, &c. It has been successfully used by various practitioners in menorrhagia and haemoptysis. The author (following the recommendation of Trousseau) has found it valuable in migraine. In South America it is employed as a preservative against diarrhoea and dysentery.

MAYER.—*On the therapeutic applications of Paullinia Sorbilis.* Jhrb. f. Kinderhlk., vol. iv, part 2. Schmidt, vol. 112, p. 21.

GRÄSER.—*Fatal case of Poisoning by the seeds of Eonymus Europæus.* Nass. Med. Jhrb., vol. xxxvi, p. 745. Schmidt, vol. 111, p. 25.

The seeds of the spindle tree are used in Germany as a popular emetic, in doses of two or three seeds. A man, æt. 43, took one evening eighteen seeds, and as many more the next morning fasting. Soon after the last dose he was seized with frightful abdominal pain, profuse diarrhoea, and eventually bloody stools. He was not seen till evening, when he was in a state of profound collapse, with involuntary evacuations of blood and mucus. On lifting him up, tetanic convulsions were induced, which immediately preceded death. No autopsy took place.

#### Umbelliferæ.

BAILLOT.—*New facts in support of the employment of Apiole in the treatment of Amenorrhœa and Dysmenorrhœa.* Journ. de Pharm., vol. xxxix, p. 456.

Apiole is the active principle of parley seeds, discovered twelve years ago by Homolle. The paper contains observations illustrative of its value as an emmenagogue, and an appreciation of the cases in which it is applicable. It is given in doses of four grains twice a day, immediately before and during the catamenial period.

#### Primulaceæ.

VULPIAN.—*On the physiological and toxic influence of Cyclamen and Cyclamine.* Gaz. de Paris, No. 86.

A Commission of the Medical Faculty of Naples has been recently

appointed to inquire into the question whether or not the employment of cyclamen in catching fish is injurious to the health of the consumer. In furtherance of this inquiry, experiments were made by Vulpian on frogs, salamanders, and fish. In a very weak solution of cyclamine frogs die in about twenty hours. The first effect observed is the loss of the transparency of the skin, particularly of the legs and eyelids; this is followed by intense injection, first of the webs and conjunctivæ, and eventually of the whole integument. Death is not preceded by convulsion. Similar effects are produced in fish. From these and other experiments the author concludes that the poisonous action of cyclamen is owing to its direct effect on the integument and mucous membrane of the respiratory organs, but that it has no direct action on the nervous system. Fish poisoned with cyclamen pass rapidly into putrefaction, and are on this account unfit for food.

*Solanaceæ.*

SCHROFF.—*On the Taft-root of Persia.* Oest. Ztsch., vol. vii, Nos. 27, 28, 29. Schmidt, vol. 11, p. 162.

This root is known in Persia under the name of Risch-e-Taft. Its botanical origin has been hitherto uncertain. From experiments on rabbits with the alcoholic extract, the author was led to infer that it is referable to that class of vegetable poisons which is characterised by the combination of delirium and stupor with dilatation of the pupils (*belladonna*, *stramonium*, *hyoscyamus*). This inference received unexpected confirmation in consequence of the curiosity of a servant of Dr. Schroff, who idly swallowed a grain of the extract, and although he eventually recovered, exhibited the action of the drug in an intense degree for several hours. From the symptoms observed in his case, it appears that the extract of taft-root is much more active than that of *hyoscyamus* or even of *belladonna*. It produces remarkable acceleration of the pulse (which about two hours after taking the poison had risen to 120), great mental excitement (the patient was restless and anxious, and frequently cried out, as if affected by electric shocks), and constant tendency to movement. In all these respects it resembles more closely *datura* or *atropa* than *hyoscyamus*, but in others its characters appear to lean rather to those of the latter, so that it is placed by Schroff in an intermediate position. By a laborious comparison of the root with herbarium specimens, he was able to identify it with the root of a species of *Scopolia*, a genus which, as regards its botanical characters, occupies a corresponding intermediate position between the genera above referred to. The taft-root yields 20 per cent. of alcoholic extract, or five times as much as *hyoscyamus*, so that the powder is itself a very powerful drug. For therapeutical purposes, Schroff is of opinion 1-12th grain might be given as a small dose, 1-6th grain as a moderate, or a grain as a full dose. Of the extract the doses would be five times as small.

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*Poisoning by the berries of Solanum Pseudo-capsicum.* Bull. de Thér., vol. lxi, p. 334.

*Scrophulariaceæ.*

HOMOLLE.—*On the physiological testing of certain constituents of Digitalis.* Arch. Gén., 5 sér., vol. xviii, p. 5, July, 1861.

Homolle's researches are directed to the question whether there exists in digitalis another principle which has a demonstrably diuretic action, on account of which it would be preferable to administer the plant itself or its pharmaceutical preparations rather than pure digitalis. The author determined by physiological tests the actions of the several products obtained in the treatment of the drug by various solvents, without recourse to chemical reagents. His results show the impossibility of a complete separation of the principles contained in digitalis by this method. His experiments were made on four products, of which No. 1 consists of the residue insoluble in weak alcohol; No. 2 is taken up by ether from the alcoholic solution, and consists mainly of a nauseous, fetid and acid principle, resembling the digitalic acid of Kosmann; No. 3 is the alcoholic solution after treatment with ether, and consists principally of digitalin; No. 4 is obtained by treating the result of evaporating No. 3 with chloroform. The author made experiments with these substances on himself and on animals. After 3 grammes (about 46 grains) of No. 1 the effects produced were very slight, no greater than those which follow one milligramme of digitalin. 45 centigrammes of No. 2 (about 7½ grains) were taken fasting, in two doses; until eight hours had elapsed there were no symptoms; there were then extreme nausea, faintness, and violent vomiting, which was repeated at intervals of about fifteen minutes for thirty hours. On the following day the pulse was retarded, and fell by the fourth day to 48. There was also impairment of vision, with inability to look steadily at bright objects. Urine was passed freely, but the contractility of the bladder was diminished, so that external pressure was needed in the act of micturition. The author had pulsation of the abdominal aorta, anxiety, epigastric constriction, and cough with pneumonic expectoration, most of which were attributed by him to the continuous vomiting; they lasted for a week. M. Homolle, took, a year later, 2 centigrammes (about 1-3rd grain) of No. 3. In forty hours he took 2 centigrammes more, and a third dose eight hours after. The symptoms resembled those of digitalin entirely. No. 4 was found to be similar in its action to No. 3, but much more active. When inserted into the cellular tissue of frogs, it was fatal in seventy minutes, death being preceded by gradual retardation of the pulse from 72 to 12. The author concludes that digitalis contains no principle of therapeutical value excepting digitalin; that the greater tolerance of the stomach of those preparations which are obtained by extraction with water is explained by the absence in such preparations of the nauseating, acrid principle (digitalic acid) contained in No. 2; that the diuretic and sedative actions of digitalis depend entirely on digitalin, but that its nauseating effect, and probably the impairment of vision it produces, are referable to digitalic acid.

*Lobeliaceæ.*

*Charge of Manslaughter against a "Medical Botanist."* Pharm., vol. iii, p. 146.

A charlatan administered to a child, at 8, three pills containing lobelia, cloves, and capsicum. As the medical witnesses were unable to say that the child's death was caused by the medicine, the prisoner was acquitted of the charge of manslaughter. Mr. Justice Wightman directed the jury that, in the case of a licensed physician or surgeon and in that of a person acting as such without a licence, there was no difference. In either case, if a party having a competent degree of skill and knowledge, makes an accidental mistake in his treatment of a patient through which death ensues, he is not thereby guilty of manslaughter.

#### *Urticaceæ.*

FRONMÜLLER.—*Indian Hemp; with special reference to its power of producing sleep.* Prag. Vjhrschr., vol. lxv, pp. 102—139.

The author records the results of the administration of *Cannabis indica* in 1000 cases. He has given it in alcoholic extract, powder, haschisch, and purified churrus, and he considers the first-mentioned form the best. He finds that it produces a more natural sleep than any other narcotic, and that its action is not attended with any unfavorable after-effects. He recommends it particularly in cases in which opium has failed, to which drug he, however, admits that it is inferior in certainty of action.

#### *Gramineæ.*

FILHOL and BAILLET.—*On the action of the seeds of *Lolium temulentum* on Rabbits and Dogs.* Journ. de Chem. Méd., 4 sér., vol. vii, p. 395.

The seeds were gathered during harvest, and given in large doses. In the rabbits no effects were observable, but in the dogs the action of the poison was manifested by somnolence, tremor (most marked in the posterior parts of the body), spasmodic contractions of the extremities, neck, and face, restlessness, and uncertainty of gait; the legs were stretched out laterally in standing, as if to enlarge the basis of support. The bruised seeds are more active than the alcoholic extract. The aqueous distillate was almost inert. The symptoms in dogs passed off in a few hours.

#### *Filices.*

VINKE.—*On the therapeutical applications of Penghawar.* Extracted from Med. Ztg. Russlands in Wittstein's V.-jhrschrift., vol. ix, p. 285.

The author details fourteen cases in which this substance (which is a most powerful styptic), was successfully employed. Penghawar consists of the brown hairs or *paleæ* which cover the young fronds of certain exotic ferns, particularly the *Cibotium Cumingii*. Its styptic power depends entirely on the fact that the hairs are composed of innumerable, extremely minute, jointed tubes, endowed with extraordinary capillarity. By virtue of this fact they have the power of depriving the blood of its water, and of thus determining its rapid coagulation. A similar substance obtained from a Java fern (*Alsophila lurida*) is used for the same purpose under the name Pakoe-kidang.

*Algae.*

LIPOWITZ.—*Chinese Gelatine, or Agar-Agar.* Polytech. Intell. Bltt., 1860, p. 28.

Lipowitz describes under these names a substance of recent introduction resembling lichenin, and containing, according to Payen, 42·7 per cent. of carbon, 5·7 per cent. of hydrogen, and 51·4 of oxygen, but capable of gelatinizing ten times as much water as ordinary gelatine. The substance is derived from *Fucus Amansii*, and probably other marine algae, in China and Japan. As being perfectly devoid of taste and smell, and remarkably cheap, Lipowitz thinks that it will entirely take the place of animal jellies and Iceland moss in the sick room.

*Fungi.*

MAUTHNER.—*Two cases of Poisoning by Amanita Muscaria.* Allg. Wien. Med. Ztg., No. 8, 1861. Schmidt, vol. 110, p. 294.

A girl, æt. 9, suddenly became excited as if intoxicated, running about violently and striking and biting other children. This condition was soon followed by stupor, from which she was excited to raging delirium if spoken to. Subsequently she became unconscious; there were slight twitches of the limbs, and the eyes were staring and fixed; the pupils were dilated, and did not react on exposure to light. Consciousness returned five hours after the first symptoms had appeared, large quantities of the poison having been previously discharged by vomiting. The father of this child was attacked, three hours later, with violent delirium, which, in his case, assumed a hallucinatory character, and was accompanied with blindness. Both patients had partaken of a dish of amanita two hours before the child was seized with delirium.

MANGIN.—*Poisoning by Mushrooms.* Bull. de Thérap., vol. lxi, p. 469.

A family, consisting of six persons, partook, on the 9th of August, of a supper of mushrooms. During the following night and forenoon four of the children were successively attacked with vomiting, abdominal pain and diarrhoea, in the inverse order of their ages. The father experienced no inconvenience whatever, although he had partaken largely of the dish. On the 13th the following alarming events induced the parents to call in Dr. Mangin. On his arrival one of the children was dead, another, a child, æt. 5, "was in a hopeless condition; the limbs were flaccid, intelligence was completely annihilated, the eyes distorted and half closed," the pulse was frequent and weak, and the respiration embarrassed. A third patient, a girl, æt. 9, was in a similar condition, with the exception that the state of apparent stupor was interrupted by occasional convulsions. The treatment consisted in the administration of coffee, in the application of sinapisms to the extremities, friction, &c. In the first case death took place in the morning of the 14th, in the second early on the 15th. It was found that the dish consisted of edible mushrooms, of the kind called "chanterelles" (*Agaricus cantharellus*); but there was added a single specimen which, from the description, appears to have been the well-known amanita. The immunity of the father may probably be

accounted for by his having accidentally missed those portions which contained the poison. The youngest child, *sæt.* 3, who vomited very freely shortly after swallowing the poison, escaped the more severe symptoms subsequently experienced by the others.

MICHEL.—*New observations on the disease communicated to man by the Provence Reed.* Bull. de Thér., vol. lxi, p. 169.

The Reed of Provence (*Arundo Donax*), when in a marcescent state, becomes covered with a black powder (a fungus of which the structural character has not been determined), which is endowed with toxic properties of great virulence. The inhalation or injection of the powder is followed by cough, dyspnoea, and frequently gastro-enteritis, indicated by epigastric pain, vomiting, and diarrhoea. These symptoms are accompanied by the appearance of a papular exanthema on the face, which becomes enormously swollen, and, in most cases, by painful swelling of the organs of generation and erotic delirium.

RICHTER.—*Poisoning by Secale Cornutum; abortion; medico-legal opinion on the same.* Casper, vol. xx, p. 177.

NEUBERT.—*On the same case.* Journ. f. Pharmacodyn., vol. ii, p. 4.

Dr. Neubert was sent for at seven a.m. on the 4th of May, to see a young woman of twenty-two, previously in robust health, who was stated to have suffered for two days from excessive thirst, anorexia, and occasional vomiting of coffee or chocolate-coloured matter. On being questioned as to the cause, she answered, "You'll soon see." Her countenance was pale, her pulse quick, and she was very restless. Consciousness was unimpaired, but she was very unwilling to answer questions. She complained urgently of abdominal and epigastric pain and of inability to pass water in spite of constant efforts. On exploration Dr. Neubert found a small child's head already at the outlet, and, after a few vigorous pains, a six months' foetus was born. The discharge of the placenta was immediately followed by profuse haemorrhage, which was associated with insatiable thirst, frequent vomiting, violent jactitation, precordial pain, pallor, and coldness of the surface, the uterine contractions recurring at irregular intervals. This continued for half an hour, until unconsciousness and strabismus ushered in death. The treatment consisted in the administration of tincture of cinnamon (undiluted), with a very little laudanum, in doses of a teaspoonful frequently, and in the use of refrigerants externally. The most important post-mortem appearances were the following. The stomach contained about eight ounces of chocolate-coloured fluid, of acid smell and reaction. At the cardia the mucous membrane was markedly reddened, forming a ring of three or four lines in breadth. Numerous haemorrhagic erosions were observed along the greater curvature, especially at the fundus, and immediately below the cardia an ecchymosis was recognised on incision, about the size of a sovereign. The mucous membrane generally was soft and brittle. The uterus was as large as a child's head; its internal surface was generally reddened, and exhibited here and there patches of dark purple, especially in the neighbourhood of the cervix; its tissue was impregnated with dark blood. The microscopical and chemical examination of the contents of the stomach afforded satis-

factory evidence of ergot, derived from the structure of the cells and the reactions of ergotine.

Richter, in the very extended remarks with which the case is accompanied, points out that the appearances of inflammation of the mucous membrane of the stomach were probably rather attributable to the quantity of undiluted tincture of cinnamon exhibited as a remedy than to the ergot.

RICKER.—*Case of Poisoning by Bread containing Ergot.* Nass. Med. Jahrb., vols. xv, xvi, p. 748. Schmidt, vol. 111, p. 25.

A family of six persons partook of bread containing ergot. They all suffered from the same symptoms, viz., dryness in the throat, epigastric oppression, nauseous taste, mucous and biliary vomiting, vertigo, stupor, and diarrhoea. These symptoms disappeared in two days under an evacuant treatment.

JORET.—*On the properties and therapeutical uses of Croton Oil.* Bull. de Thér., pp. 385, 441.

PENDLETON.—*Poisoning by Tansy.* Amer. Medical Times, No. 11, 1861. TARNEAU.—*Treatment of Taenia by Pumpkin Seeds.* Journ. de Pharm., vol. xxxix, p. 383.

RIGAUD.—*On the same subject.* Ibid., vol. xl, p. 62.

BRYDON.—*Case of Recovery from an overdose of Croton Oil.* Edinb. Med. Journ., Aug., p. 134.

WARING.—*On Hydrocarpus odoratus and Hydrocotyle Asiatica as remedies in Leprosy, Scrofula, and Secondary Syphilis.* Pharmac., vol. ii, 141.

APPLETON.—*Poisoning from Enanthe Crocata.* Brit. Med. Journal, vol. i, p. 292.

#### ORGANIC CHEMICAL PRODUCTS.

BYERLEY.—*Poisoning by Cyanide of Potassium.* Brit. Med. Journ., vol. ii, p. 474.

A man, set. 44, committed suicide by taking an unknown quantity of cyanide of potassium. The body was examined by Mr. Byerley three days afterwards; the external surface of the stomach was of a "deep-red or chocolate colour." Its mucous membrane was "intensely dark red (almost black"). The rugæ were prominent, and there were two or three patches of abrasion. There was a well-marked odour of prussic acid.

DAVANNE.—*Case of Poisoning by Cyanide of Potassium.* Journ. de Brux., vol. xxxiii, p. 93. Schmidt, vol. 112, p. 169.

A photographer used a bit of cyanide of potassium to rub on a stain produced by nitrate of silver. In doing so he accidentally introduced some of the cyanide under his nail, where it remained. In order to alleviate the smarting, he washed his hands with vinegar, when, in consequence of the disengagement of prussic acid, he was affected with extreme vertigo, shivering, pallor, impairment of vision, general weakness, and impediment of speech, without any affection of intelligence. Cold affusions, sti-

mulants, frictions to the spine, inhalation of weak ammonia, and strong coffee internally, were the remedies used. Recovery commenced in four hours.

**GUNTHER.**—*Poisoning by Bitter Almonds.* Varge's Ztsch., vol. xiv, part 1, p. 17. Canst., vol. v, p. 123.

A girl, æt. 18, took two ounces of bitter almonds as a remedy against menorrhagia. While in the act of chewing them she staggered and fell. About half an hour after she was completely unconscious. The countenance was flushed, the conjunctivæ were injected, the eyeballs fixed, and the pupils contracted. There was grinding of the teeth, trismus, and tonic, alternating with clonic, spasm of the extremities, intense dyspncea with groaning, excessive pulsation of the carotids; there was also profuse menorrhagia. Of the various remedies used, cold affusions seemed most useful; consciousness gradually returned, and recovery was complete in three hours.

**Charge of Manslaughter against a Grocer for selling Drugs.** Pharmac., vol. iii, p. 147, Aug., 1861.

A grocer ignorantly dispensed essential oil of almonds instead of almond oil, in consequence of which an infant was poisoned. The grocer was acquitted.

**Poisoning by Hydrocyanic Acid and Cyanide of Potassium.** Pharmac., vol. ii, pp. 386, 439, 535, 583, 616, 200. Ann. de Thér., p. 34. British Med. Journ., vol. ii, p. 650.

**BARKER.**—*Case of Poisoning by "Almond Flavour."* Brit. Med. Journ., vol. ii, p. 655.

A child, æt. 6, took two teaspoonfuls of almond flavour. He was seen within five minutes of the accident, and was then prostrate and pale; the eyes were bright and glassy, the pupils dilated, the pulse small and quick, but he was able to swallow. A "brimming teaspoonful" of ipecacuanha was given immediately, and a second dose three minutes afterwards, which was followed by free vomiting. At the same time the cold affusion was employed perseveringly, and brandy and water was given at frequent intervals. Repeated vomiting took place; the smell of bitter almonds was at first strongly perceptible in the ejecta, but gradually disappeared. In half an hour all alarming symptoms had ceased.

**BONNET.**—*On the Internal Administration of Chloroform.* Journ. de Pharm., vol. xxxix, p. 221.

After various trials with mucilage, the author found that he could permanently suspend chloroform in an aqueous mixture by first gently agitating it with an equal quantity of glycerine. On adding water to the product, it is said that a clear liquid is obtained, in which the chloroform is apparently dissolved, and does not separate even when its quantity amounts to half the weight of the water. It is essential that the glycerine should be pure.

**SANSOM.**—*On the action of Chloroform.* Proceedings of Med. and Chir. Soc., Brit. Med. Journal, vol. i, p. 424.

*Deaths from Chloroform.* Med. Times, Sept. 11th and 14th, and Nov. 16th. Brit. Med. Journ., Nov. 16th. Pharmac., vol. ii, pp. 439, 247, 344.

PERRIN.—*On a case of Poisoning by Benzine.* Journ. de Pharmacie, vol. xxxix, p. 223.

M. C—, a dyer, æt. 47, swallowed by inadvertence about a third of an ordinary glass containing a mixture of three parts of benzine with one of Seltzer water. After several draughts he found out his mistake, and swallowed almost immediately a quantity of milk. He at first experienced stupor and giddiness. He went to bed two hours afterwards, and slept restlessly for two hours, when he woke in a state of bewilderment, and shortly afterwards became delirious. His delirium was characterised by extreme garrulity; his articulation was very imperfect, and from time to time he burst out in immoderate laughter. In the morning he was convalescent, and complained only of giddiness and weakness. No treatment was employed.

TURNBULL.—*On the Physiological and Medicinal Properties of Sulphate of Aniline.* Lancet, Nov. 16th.

Dr. Turnbull relates six cases of chorea, so obstinate as to have resisted other means of treatment, in which he obtained very satisfactory results from the administration of sulphate of aniline in doses of from one to two grains three times a day. Dr. Turnbull describes the action of sulphate of aniline on animals, and draws attention to the remarkable blue colour of the lips and complexion produced by it, which he attributes to the development of an aniline dye in the blood.

LECLAIRE.—*Researches on the influence of Oil of Turpentine on the health of House Painters, and on persons inhabiting freshly painted rooms.* Paris, 1861. Extract in Ann. d'Hyg., vol. xvi, p. 442.

The author has made experiments on animals, consisting in placing them in boxes, the interior of which had been painted with paints prepared with and without oil of turpentine. He found that no bad effects were produced when oil of turpentine was not used, whatever was the nature of the colouring matter, but that in the opposite case all the animals suffered. By exact experiments, the author finds that water takes up oil of turpentine with great avidity; and that, consequently, the common expedient of exposing wet hay in recently painted rooms is the very best that can be adopted.

LEMAIRE.—*Carbolic Acid as a remedy against Tinea and Scabies.* Journ. de Brux., vol. xxxii, p. 471. Schmidt, vol. 111, p. 283.

In tinea a solution of one part of carbolic acid in forty of vinegar and 100 of water is used daily as a lotion with good results. In itch a single application is sufficient to kill the acarus.

LEMAIRE.—*On the uses of Phenic (Carbolic) Acid as a disinfectant.* Bull. de l'Acad., March 4th.

Lemaire has made numerous experiments, at the suggestion of Dumas, which prove the efficacy of phenic acid in solution or emulsion as

an antiseptic, particularly for the purpose of preserving subjects for dissection.

**SPRATLY.**—*Scabies successfully treated with Coal-tar Naphtha.* Brit. Med. Journ., vol. ii, p. 464.

The author gives an encouraging account of the curative effect of a single application of this agent to the affected surface in a bad case of itch.

**DESCHAMPS.**—*On the action of the aromatic principle of Coal Tar on Phosphorus.* Journ. de Pharm., vol. xxxix, p. 412.

This research was undertaken with a view to elucidate the mode of action of the vapour of coal tar in pulmonary affections, as observed by Dr. Sales-Girons. The author establishes the fact, by numerous and varied experiments, that air impregnated with the aroma of tar has no action on phosphorus. He further demonstrates that no oxygen is absorbed; "it simply becomes inactive, or, in other words, its properties are paralysed and become latent." The same action is exercised by benzine, ether, and the volatile oils of turpentine, mint, and lemon.

**CRAICE CALVERT.**—*On some applications of Carbolic Acid or Oxide of Phenyle.* Pharmac., vol. iii, p. 319.

**DEMEAUX.**—*Coal-tar Emulsion, or Saponified Coal Tar.* Journ. de Pharmacie, vol. xxxix, p. 286.

Saponified coal-tar consists of equal parts of coal-tar, soap, and alcohol, heated together on the water-bath until perfect solution takes place. Mixed with water in the proportion of one part in 100, it forms the emulsion, which is stated to be one of the most useful preparations of coal-tar as a disinfectant.

**LERICHE.**—*Tannin as an Antiperiodic.* Bull. de Thér., vol. lxi, p. 410.

M. Leriche has employed tannin in ague, in doses of twenty-four to thirty grains, given two or three hours before the attack, with invariable success. Two or three doses are usually sufficient.

#### ANIMAL POISONS.

**DEHNE.**—*Cases of Poisoning by Spoilt Meat and Broth and Stale Fat.* Nass. Med. Jhrbb., xxxvi, p. 736. Schmidt, vol. IIII, p. 25.

In the first instance related, three persons partook of beef which had been cooked four days previously, and had been kept in a larder; all of them shortly after experienced lipothymia, with cold sweating, vertigo, drowsiness, and acute precordial pain. The pulse was almost imperceptible, and the extremities cold. After the administration of emetics, enemata, and subsequently stimulants, the condition of the patients improved. Next morning they were convalescent. On another occasion a family of very poor persons partook of a mess of stale broth, potatoes, and lettuce. All had pharyngeal constriction, diarrhoea, vomiting, vertigo, headache, and stupor. The lips were slightly leaden and the pupils dilated, but there was no impairment of vision. There was great pros-

tration, with occasional shivering, and in one case (that of a boy, æt. 13) slight convulsive movements of the limbs, with occasional delirium. The question here arose, whether the symptoms were referable to the existence of solanine in the potatoes (supposing them to have been sprouted), or to the stale broth. In a third example five persons, who had partaken of some dumplings fried in stale fat, which had been kept in an earthenware pot, experienced very similar symptoms to those above detailed. They recovered without treatment.

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BOYD.—*Case of Adder-bite.* Edinb. Med. Journ., Oct., p. 324.  
FONSSAGRIVES and LEROY DE MÉRICOURT.—*On the Poisonous Fish of Tropical Countries.* Ann. d'Hyg., vol. xv, p. 326.

#### POISONOUS GASES.

LETHEBY.—*Fatal Accident in the Fleet Lane Sewer.* Lancet, May 11th.

In February four men were killed by asphyxia when working in the Fleet Sewer. That their deaths were due to sulphuretted hydrogen cannot, in Dr. Letheby's opinion, be disputed; but the question, how so fatal an impregnation of the air of the sewer was produced, remains undetermined. Ordinary sewer air contains only a trace of the gas in question, whereas one or two per cent. would be necessary to endanger life. In consideration of the well-known fact, that the addition of acids to the mud of sewers gives rise to the disengagement of sulphuretted hydrogen, Dr. Letheby is disposed to attribute the accident to the disengagement of some acid refuse product into the sewer, although no evidence could be obtained that such discharge had actually taken place. In conclusion, the author recommends that workmen exposed to air contaminated with sulphuretted hydrogen should wear Dr. Stenhouse's charcoal respirators, "charcoal having the power of oxidizing that gas and rendering it inert."

*Death from Carburetted Hydrogen.* Pharmac., vol. ii, p. 43.

A family of six persons (mother and five children) were found one morning apparently dead in the underground dwellings which they inhabited. The sufferers were removed to hospital, where the usual restorative means were employed with success, so far as relates to the children; the mother remained insensible till her death.

REPORT  
ON  
FORENSIC MEDICINE,  
BY  
DR. SANDERSON,

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MANUALS AND GENERAL TREATISES.

GUY.—*The Principles of Forensic Medicine.* 2nd ed., London, 1861, pp. 534.  
PENARD.—*Letters on the Practice of Legal Medicine.* L'Union, vol. xii,

p. 237.

HOFMANN.—*The Language of Legal Medicine; an attempt to define the ideas which relate to medical jurisprudence.* Munich, 1860.

HOFMANN.—*Medico-legal Notice of a project of a Penal Code for the Kingdom of Bavaria.* Munich, 1860.

BUCHNER.—*What injuries are necessarily fatal? and what injuries usually or occasionally produce death? What injuries were fatal (in the case in question) by virtue of their general nature? What injuries were fatal in consequence of the unusual bodily constitution of the injured person, or on account of accidental external circumstances?* Henke, part 2, p. 205, 1861.

A discussion is at present pending between the author and Professor Hofmann, as to the sense in which those questions which are contained in the Bavarian criminal code, and employed in the Bavarian courts as the basis of medical evidence in cases of fatal injuries, are to be understood. Buchner argues that the medical witness ought, in answering these questions, to bear in mind the general question to which they are subordinate, that of the relation of the fatal result to the injury as its cause; while Dr. Hofmann maintains that they ought to be answered as they stand, without consideration on the part of the witness of the practical deductions which may be founded on them. In such investigations, says the author, it is first to be determined whether any accidental circumstances existed which might have co-operated with the injury; if not, the latter must have been *necessarily fatal*. Then the question follows, whether it was so by reason of its general nature, or by reason of some

bodily peculiarity, in the absence of which it might have been otherwise. Following out these views, he proposes to divide actually fatal injuries into two classes, viz.—(1) Injuries necessarily fatal by their general nature, whether (*a*) directly; (*b*) by virtue of a co-operative cause called into exercise by them (*e.g.* consecutive suppuration in cases of fracture of the cranium); (*c*) by peculiarity in the bodily constitution of the injured persons (*e.g.* thinness of the skull, by reason of which a blow, insufficient to produce fracture of a normal skull, did so in the case in question); or (*d*) by the combination of *b* and *c*.—(2) Injuries rendered fatal by accidental external circumstances (*e.g.* neglect to call in medical assistance, &c.).

**FRICKHOEFFER.**—*Medico-legal opinion on the body of a Man killed by a Gunshot Wound.* Henke, part I, p. 171, 1861.

A forester left his home on the 18th of August, with the declared intention of going to mow some grass at a farm which he rented, and thence to proceed to his duty as watcher in the forest. On the following morning he was found at the farm, at some distance from his scythe, lying on his face in a pool of blood. The injuries found had the characters of gunshot wounds. On the back twelve wounds were observed, situated within a space extending from the third dorsal to the first lumbar vertebra, and from the lower angle of the left to that of the right scapula. In a position corresponding to the articulation of the ninth rib there was a round wound, with torn, inverted margins. It was surrounded by a ring of redness, and contained half fluid, dark blood; there was swelling and sugillation of the neighbouring parts. In front, between the third and fourth cartilages, near their junction with the sternum on the right side, there was a round wound, with everted red and sugillated edges. On dissection, it was found that the bullet had in its course penetrated all three lobes of the right lung, carrying with it splinters of bone and fragments of clothing. The twelve smaller wounds were produced by shot (described as No. 0), which penetrated both lungs, the heart, diaphragm, liver, and right kidney. From the direction of the wound, suicide was out of the question; a crime had been committed, the author of which was discovered by the following remarkable indications:—There resided in the same village another forester, who owed the deceased a grudge, on account of his having been appointed to a situation of which he had himself been deprived for misconduct; it happened that this man had lost his right arm, but was a dead shot with his left. On examining the ground in the neighbourhood of the *corpus delicti*, a tree, which had been hit by a ball, was found at twenty paces distance, of which the position exactly corresponded to the apparent direction of the shot. In pursuing the examination, in a line drawn from the tree through the body, a bush was arrived at, behind which the ground was indented by footsteps, in such relative positions that the individual must have stood with the right foot forwards, the left behind and crosswise; in fact, in the position which he must have assumed, supposing him to have fired from the left shoulder. On this evidence he was condemned to penal confinement for life.

KLEIN.—*What view ought to be taken as to the corporal punishment of children? Under what circumstances, and in what manner ought such punishment to be administered? When does it degenerate into ill usage? and what consequences are to be apprehended?*

Henke, part 3, p. 122, 1861.

The author is one of those who welcome the laying aside of corporal punishment as an expression of the increased appreciation of the dignity of human nature which arises from the recent moral advancement of society. He strongly enforces on the legislature, that schoolmasters should be limited to striking on the palm of the hand, or that no other corporal punishment should be inflicted until some time after the commission of the offence.

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HELWIG.—*Fractura Ossis Hyoidei et Cartilaginis Thyoidea. Question whether death result from a fall or from strangulation.* Casper, vol. xix, p. 342.

Drs. Helwig and Wagner were called upon by the police authorities to examine and report on the body of a woman, set. 66, who was found dead in her bed under the following circumstances. It appeared that the deceased, who resided with one servant in an isolated mill, had fallen down stairs twenty-four hours before her death, but suffered little inconvenience from the fall, and was able, on the following day, to pursue her ordinary duties. Three hours after retiring for the night she was found dead in her bed. The autopsy revealed the following lesions:—On the right side of the neck, below and behind the angle of the lower jaw, two dry, parchment-like excoriations, of an oval form, were observed. On the left side, somewhat further back, there were two similar marks, and at the corners of the mouth, on the ridge of the nose, were excoriations of the same character. The hyoid bone, and left half of the thyroid cartilage, and the fifth and sixth ribs on the left side, were found to be fractured. There were contusions of the left side of the face and the inner side of the right thigh, all of which exhibited indications of having been inflicted some time before death. The author concludes, from his investigation, that the fractures could only have been produced by the direct application of violence to the hyoid bone and larynx, and that even in the absence of corroborative evidence, he was justified in unhesitatingly expressing the opinion that murder by strangling had been committed. That the fractures and other laryngeal injuries could not have been produced by the fall down stairs, was evident, not only from their general nature, but from the facts that no symptoms of any severe injury had occurred during life, and that after death there was neither œdema, emphysema, nor purulent infiltration of the neighbouring parts. The conclusion was therefore justified that the deceased was suffocated by forcible pressure of one hand on the larynx and the other on the mouth.

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ROSER.—*On the medico-legal discrimination of cases of Pyæmia.* Arch. d. Heilk., part 4, 1860.

Roser compares pyæmia as a consequence of injury with tetanus and rabies, and points out the absence of any causal relation between the disease and the injury by which it is preceded. He regards its origin as rather miasmatic or syphilitic than traumatic.

**MASCHKA.**—*Reports of the following cases of Injury of the Head.* Oest. Ztsch., vol. vi.

No. 33. Injury followed by symptoms of epilepsy; no appreciable relation between the injury, which was slight, and its result. No. 34. Pretended loss of consciousness, followed by impairment of health; no apparent connection between the injury and its consequences. No. 44. Injury of the head in a man of seventy, in bad health; symptoms of concussion, followed by death.

**MASCHKA.**—*Medico-legal Contributions.* Casper, vol. xviii, part 1.

Case of injury of the head; subsequent exposure to cold; difference of opinion among the medical attendants.

**HOFMANN.** *Practice of Legal Medicine.* Deut. Ztsch., vol. xvi, part 2.

Case 1. Fatal injury of the head; fracture, with depression of the right parietal bone, and considerable extravasation in the interior of the cranium. Case 2. Fatal injury of the head; fracture of the right parietal bone, with extravasation. Case 3. Injury of the head; separation of the cartilage of the pinna, &c.

**DOLL.**—*On the loss of Teeth, in its medico-legal relations.* Oest. Ztsch., vol. vi, No. 5.

**SCHUMACHER.**—*On the knocking-in of the Teeth, in a medico-legal point of view; reply to the above.* Wien. Med. Woch. Schrif., 1860, Nos. 12, 17.

**RÖMER.**—*On the discrimination of Bodily Injuries.* Friedreich, vol. xi, part 1.

**WISTRAND.**—*On the medico-legal discrimination of Bodily Injuries in Intoxicated Persons.* Henke, vol. xl, part 3.

**Transactions of the MEDICAL FACULTY of Vienna.**—*On fatal Bodily Injuries.* Oest. Ztsch., vol. vi, No. 19.

**Transactions of the MEDICAL FACULTY of Vienna.**—*Case of Injuries of the whole Body, particularly of the Head; death in consequence of these injuries and of cerebral concussion.* Oest. Ztsch., vol. vi, No. 19.

**PFAFF.**—*Medico-legal Reports, 1858-59.*—Numerous fatal injuries inflicted on four persons by a hatchet. Henke, vol. xl, part 2.

**ZENCKER.**—*Contributions to the medico-legal knowledge of Injuries of the Head.* Henke, vol. xl, part 3.

**HOFMANN.**—*Injury of the Head inflicted with an Axe; recovery. Penetrating wound of the lungs, followed by recovery. Injury of the head; stamping on the abdomen during menstruation; consequent arrest of the catamenia, with symptoms of pyrexia.* Henke, vol. xl, parts 3 and 4.

**PFAFF.**—*Introduction to the practice of medico-legal researches on the Blood, based on original observations, and brought down to the present state of forensic medicine.* Plauen, 1860. Canst., vol. vii, p. 9.

The author has investigated experimentally the various methods of examining blood-stains recommended by previous observers. He has described the mode of discriminating blood-corpuscles under the microscope, and the changes of form and appearance produced by water, alcohol, acetic and hydrochloric acids, iodide of potassium, solutions of arsenious acid, corrosive sublimate, and other reagents. He also describes a

process for the preparation of blood-crystals; it does not differ materially from those of Simon and Büchner (see 'Year Book' for 1860).

**WIRTHGEN.**—*On the various methods of discriminating Blood-stains in medico-legal cases.* Henke, part 1, p. 2, 1861.

Wirthgen's paper is divided into two parts, of which one is an historical summary of the medico-legal investigations relating to blood-stains, from the time of the first recognition of forensic medicine as a science of itself, in the first quarter of the century, to the present time. In the second part the author describes the methods for the discrimination of blood-stains employed by Orfila, Lassaigne, Mende, Letheby, Persot, Magonty, Büchner, Schmidt, Piria Ferrari, Schneider, Bunzen and Siebold, Casper, Schacht, Lesueur and Robin, Lecanu, Morin, Hopff, Verghauss, Wiehr, Löwe, Otto, Rose, Brücke, Boutigny, Desbrière, Friedberg, Virchow, Kunde, Teichmann, Barruel, Bertazzi, Casanti, and Ritter.

**OWSJANNIKOW.**—*On Teichmann's Hæmin-crystals.* Mediz. Ztg. Russlands, vol. xvii, part 1. Canst., vol. vii, p. 9.

Professor Owsjannikow's method agrees in the main with that of Scriba (see 'Year Book' for 1860).

**MIQUEL.**—*On the detection of Blood-stains.* Deut. Klin., 1860, Nos. 9 and 19.

**GUIBOURT.**—*Observations relating to Blood-stains.* Journ. de Pharm., vol. xl, p. 261.

#### SUDDEN AND VIOLENT DEATHS.

**MAIR.**—*Draft of a form for reports of Medico-legal Autopsies.* Deut. Ztsch., vol. xvi, parts 1, 2.

**PLAGGE.**—*Is the cessation of the Heart-beat a certain sign of Death?* Betz's Memorabilia, vol. v, No. 5.

#### Asphyxia.

**LIMAN.**—*On the forensic signification of the so-called Punctiform Ecchymoses under the Pleura and serous investments of other organs.* Casper, vol. xix, p. 73.

The appearances referred to consist for the most part of minute extravasations of coagulated blood, varying in size from that of a pin's head to that of a hemp seed. On stripping off the serous membrane they remain attached thereto, and cannot be removed by washing. By Tardieu they are considered as thanatognostical signs of death by asphyxia, whereas other authors attach little importance to them. In illustration of their medico-legal significance, the author relates numerous observations, from which it appears that, although the ecchymoses in question are found almost exclusively in death by suffocation, they do not afford evidence of the mode in which it has been produced. The author attributes the appearances in question, especially when they occur in adults, to the forcible efforts to breathe with which death by suffocation is necessarily accompanied, and to the interruptions to the circulation and

consequent excessive pressure of the blood column in certain parts of the capillary system. He finds that these appearances are much more frequent in the new-born and infants than in adults, and concludes that although they are to be regarded as an important sign of death by suffocation, no inference can be drawn from their absence. In this respect his opinion differs entirely from that of Tardieu.

**WATERS.—*Researches on Asphyxia.*** Med.-Chir. Trans., vol. xliv, p. 135.

From his experiments on the effects produced by the hot bath in asphyxiated animals, the author concludes that in cases of asphyxia, where respiration has altogether stopped, the effects of the hot bath are to produce an accumulation of blood in the lungs and on the left side of the heart, together with a tendency to coagulate on the part of the blood. It does not tend to prolong the action of the heart, but rather to paralyse its movements and diminish the duration of its contractions. It does not excite respiratory efforts, and prevents artificial respiration from being properly carried out. In cases of asphyxia where respiration has been re-excited, and is being feebly carried on, the hot bath, though in some instances it seems to have no immediate bad result, yet has a tendency to produce a fatal issue, some hours after its use, by causing extreme congestion of the lungs, together with consolidation and collapse of the pulmonary tissue. Thence it is inferred that in the treatment of asphyxia the prolonged use of the bath, whether respiration has ceased or is feebly going on, is not only ineffectual but dangerous, and even its temporary use is objectionable. All our efforts should be primarily directed to restoring or continuing, as the case may be, the respiratory movements.

**BRODIE.—*Letter on the Marshall Hall Method, to the Secretary of the Royal Humane Society.*** Med. Times, May 18th.

As regards the method to be adopted with a view to restore respiration, Sir B. Brodie expresses himself as follows:—(1) The interval during which artificial respiration can be employed is very limited. (2) If the Royal Humane Society's apparatus be at hand, and the medical man present knows how to use it, this affords by far the safest and surest method of imitating natural respiration. (3) There is great danger that the rolling and tumbling about the body, as proposed by Dr. M. Hall, would interfere with the natural process of recovery, at the same time that it is very doubtful whether by this method a sufficient quantity of air could be drawn into the lungs to answer any useful purpose. (4) Of the two methods, that of Dr. Silvester would be more effectual and much less calculated to do injury.

**CHRISTIAN.—*On the restoration of Suspended Animation in persons apparently drowned.*** Lancet, Feb. 2nd.

Dr. Christian's paper contains the results of an experimental inquiry into the several methods recommended in the instructions of the Humane Society and the National Life-boat Institution for the recovery of persons apparently drowned. His conclusions are as follows:—The inflation of the lungs by the method of Dr. Silvester, or by the Society's apparatus is the first remedy, and the shock of the warm bath the second; but that, after eight minutes' complete submersion, recovery is hopeless, and that

when ten minutes elapse after the removal of the body from the water, without any effort at respiration, it is equally so. The author holds that the warm bath acts as an "immediate and powerful excitant," when properly managed. He had frequently found that the patient, "immediately on being placed in the bath, gave the sob or gasp which is the precursor of respiration."

**JENNINGS.**—*The Treatment of Apnoea, illustrated by cases and experiments.* Brit. Med. Journ., vol. ii, p. 278.

The author, who has been engaged for eleven years in researches on this subject, concludes therefrom that the ready method of Dr. M. Hall is not only too complicated for general use, but that, as a mechanical means, it is inferior in efficiency to inflation of the lungs from mouth to mouth, at regular intervals, combined with the expulsion of the air between each two inflations by compression of the thorax with the hands. In the resuscitation of the drowned, Mr. Jennings' experience is decisive as regards the fatal effects of the hot bath, but in the new-born child he finds it "a ready means of maintaining warmth and the equilibrium of the circulation." For the former purpose his directions are as follows :—(1) Immediately "wipe out the mouth and nostrils, place a bundle of clothes under the shoulders, throw the head back, draw the tongue forwards, then close the nostrils with an hand, and inflate the lungs by placing the mouth to that of the patient, and alternately compress the chest with the other. (2) At same time let an assistant strip off the wet clothes, and apply warm coverings;" use centripetal friction of the limbs, cold affusion, and slap the chest occasionally with a wet towel. (3) "Use galvanism, if possible, by applying one wire to the side of the neck, the other to the region of the heart. (4) After respiration has commenced and the patient can be removed, place the feet and legs in hot water, and let the patient inhale ammonia occasionally; afterwards place him in a warm bed, and continue frictions with hot bricks or bottles placed about him to maintain warmth."

**WOODMAN.**—*Twins; suspended animation; success of Dr. Silvester's method of Artificial Respiration, used for half an hour.* Med. Times, June 8th.

## MEDICAL RESPONSIBILITY.

**TARDIEU.**—*Question of Medical Responsibility.* Ann. d'Hyg., vol. xvi, p. 204.

A person named Hamelain preferred a criminal indictment against a well-known practitioner in Paris (Dr. Canuet), and moreover demanded damages to the amount of 10,000 francs, in respect of an inguinal tumour, which, being a hernia, it was alleged had been mistaken for an abscess. Prof. Tardieu was called upon by the court to investigate the case, which was of the following nature :—On the 15th September, 1860, Hamelain, while lifting a weight, experienced a sharp pain in the right groin; as he continued to exert himself, the pain increased and extended to the whole abdomen. He then took to his bed, and soon after an inguinal tumour was perceived, which in due time reddened and softened. On its being

opened by Dr. Canuet, pus and blood were discharged, after which it partially healed ; a fistulous aperture was left, from which, eight or ten days after the operation, yellowish matter (the contents of the intestine) began to escape. The orifice soon closed, but reopened some time after, in consequence of which the patient was received into hospital, where a fistulous abscess was found to exist, but no faecal discharge was observable until some time subsequently. On the 20th May Prof. Tardieu examined the patient, and gave an opinion, of which the following is the summary :— Hamelain was suffering at the time that Dr. Canuet was called in, from an abscess, the development of which had been coincident with that of a hernia in the same situation. Both were dependent on the violent exertion which the patient had made on the 15th September; the incision practised by Dr. Canuet was indicated by the state of the patient, and as regards the communication of the intestine with the cavity of the abscess, the measure employed was that by which alone that complication could have been prevented. The court acquitted Dr. Canuet, both of the criminal and civil responsibility, and adjudged the plaintiff to pay the costs.

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HOFMANN.—*Medico-legal Opinions.* Henke, part 1, p. 108. No. II.  
*Opinion as to a Venesection, in respect of which an action for damages was brought against a medical practitioner.*

A woman, suffering from peritonitis, was bled by Dr. B. in the right arm. Inflammation of the veins and lymphatics occurred shortly afterwards, which went on to suppuration, and was treated by Dr. B. with leeches, fomentations, &c. Five months subsequently proceedings were taken, and medical evidence was adduced to show that the patient had entirely lost the use of her arm, all of the joints of which were said to be permanently flexed ; and, according to one witness, ankylosed. On the side of the defence it was alleged that the patient had simulated the stiffness of the arm, which disappeared completely when she was put under the influence of chloroform ; that the arm was in a perfectly sound state, with the exception of the cutaneous scars produced by the angioleucitis above referred to ; that the operation had been performed in a skilful manner, neither the artery nor the tendon of the biceps nor any important nerve having been injured, as was asserted by the medical witnesses for the prosecution.

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SCHULTZE.—*Rupture of the Vagina shortly after Birth ; Prolapsus and Rupture of the Intestine ; medical opinion on the proceedings against a midwife accused of manslaughter.* Casper, vol. xix, p. 215.

The wife of a labourer, who had already had ten children, was delivered naturally of a healthy child after a labour of five hours. A short time after the delivery the midwife, in the endeavour to remove the placenta, introduced her hand into the vagina. Suddenly the patient cried out and rose from her position, whereupon a convolution of intestine was brought down instead of the placenta. Death followed on the third day. On the opinion of the district physician, that the rupture of the vagina might have taken place spontaneously, the midwife was acquitted ; but on an

appeal to the provincial court, a superarbitrium was obtained to the following effect :—That the death of the deceased was the direct consequence of the laceration of the colon produced by the prolapsus of the small intestine, through a rupture of the posterior wall of the vagina ; that this rupture was exclusively attributable to the rude manipulation of the mid-wife in the introduction of her hand ; and that the laceration of the intestine was caused partly by the withdrawal of the hand, partly by the sudden rising of the deceased from her position at the same moment.

*Unfounded charge against a Medical Practitioner.* Brit. Med. Journ., vol. i, p. 75.

A medical practitioner was censured by a coroner's jury for having ordered laudanum stupes for a lady who was at the time suckling an infant six weeks old. The directions given, that the child should not be allowed to suck while the mother was under the influence of opium, were disregarded ; it was put to the breast, and soon after fell into a sleep from which it never recovered. On this case Dr. Christison remarks as follows :—“Assuming that death arose from the action of opium, the verdict must hold—(1) either that a sucking infant may be poisoned unto death by sucking its mother's milk, and without the mother's experiencing any effect at all from the drug ; or (2) that an infant may die of poisoning with laudanum through exposure to its vapour or fumes ; or (3) that in this particular instance death arose from the child sucking, licking, or lying in contact with the pledges over-soaked with laudanum.” Neither the first nor the second of these assumptions is admissible on general grounds. In support of the third, there was no evidence in the case in question. The only means by which the cause of death could have been determined, viz., the examination of the body, was neglected, so that the imputation contained in the verdict was, in Dr. Christison's opinion, “simply ridiculous.”

## DELIVERY, BIRTH, AND INFANTICIDE.

KUNZE.—*Child Murder, historically and critically considered.* Leipsic, 1860. Canst., vol. vii, p. 18.

The work of Kunze is an investigation of the various anatomical and physiological questions relating to infanticide in their practical bearing. It is divided into two parts. The first, which is devoted to the physiological aspects of the subject, treats of the development of the foetus in each month of pregnancy, and the criteria of maturity afforded by the external appearances of the child immediately after birth, and the development of the osseous system ; under this head reference is made to the diagnosis of congenital defects of ossification from fractures produced by external violence ; as regards the ossification of the epiphysis of the femur, the author concludes that the nucleus of bone may be wanting in ova of any age, and even in mature children that have lived after birth, and that its absence therefore is insignificant. As, however, the nucleus does not in general appear until the last months of pregnancy, or even after birth, an ovum having a nucleus of more than three lines in diameter may be considered mature. The author gives further details as to the measurements of the skeleton and soft parts of mature children ; another section

is devoted to the decomposition of the ovum in utero, and the changes produced by putrefaction in the body of the new-born child, as affected by the conditions of moisture and temperature to which it has been exposed.

The second part discusses the post-mortem appearances observed in the new-born child with reference to the proof of live-birth. As regards the lung-test, the author still maintains that buoyant lungs must have breathed after birth, and that no previous respiratory movement is capable of producing inflation with air. He holds that lungs that have been inflated artificially may always be distinguished; their anterior surface being of a bright, vermillion colour, comparatively bloodless, and without marbling, and often exhibiting extravasations of air produced by the violence of the inflation; the inflated condition of the stomach and intestines affords further evidence.

As regards injuries to the foetus consequent on violence done to the mother, the author infers from the thirty-one cases extant that such violence may lead to fractures, particularly of the long bones, but that no instance is known of intra-uterine fracture of the cranium so produced, and that such accidents are not possible before the fifth month.

The injuries and dangers to which the child is liable during birth are next considered in their medico-legal relations, particularly fractures of the cranial bones (which are discussed as to their anatomical characters and causes), and compression or twisting of the cord. The concluding pages relate to the injuries and dangers arising in cases of precipitate delivery, from falls, &c., and other accidents immediately after birth.

*GRÖLL.—Evidence and opinion in a case of concealment of Pregnancy and Birth, and consequent Child Murder.* Henke, part 1, p. 193.

An unmarried workwoman, residing in a very retired village, was accused of the murder of an infant, found partly concealed in her room. On examination of the accused, the signs of recent delivery were observed. The body was found to be that of a mature, well-developed male infant, which had lived and breathed after birth. The following lesions existed, viz., fracture or injury of both maxillary, the nasal and palatc bones, and the frontal bone, and dislocation of the cranial bones, which floated loose in the brain, all of which injuries showed that the head had been subjected to forcible pressure against some flat body. From the appearances in general, the author concluded that the accused had pressed the face and front of the head against the stone floor, by which, not only the injuries above referred to had been produced, but breathing had been prevented, and that she had neglected to secure the cord. She was convicted on the medical evidence, and sentenced to penal imprisonment for fifteen years.

*HOFMANN.—Medico-legal Opinions. No. III. Accusation of Child-Murder.*

Loc. cit., p. 135.

The body of a newly born and mature infant was found in a privy. An unmarried sempstress, who was employed at the time in the house in which the *corpus delicti* was discovered, was suspected of being the mother and murderer. On examination of the accused, all the signs of recent delivery were observed by Dr. Hofmann. From appearances on dissection of the infant, he concluded that it was recently born and mature,

that it had lived independently of the mother, but that life had lasted only for a short time (the contents of the thorax floated, but the inflation of the lungs was only partial). On removing the scalp, a considerable extravasation was found in the neighbourhood of the sagittal suture, between the right parietal bone and its periosteum; a similar extravasation existed on the left side, having the same relations. Other lesions of the same kind were found on the left frontal and occipital bones. There were also numerous fractures, extending in the direction of the sagittal suture, from the vertex to the occiput, excessive redness and injection of the pia mater, and extravasation of blood in the substance of the left hemisphere. The evidence which these lesions afforded, that they could not have arisen in the fall of the body of the child into the privy, but must have been inflicted previously, probably by pressing in the skull with some hard instrument, is analysed minutely, and at great length, by Dr. Hofmann, who inferred that the infant was born during the night preceding the previous day, and was brought dead into the house in which the body was found, for the purpose of concealment. The accused was convicted, and sentenced to be confined in the House of Correction for an indefinite period.

**TOULMOUCHE.**—*Studies on Infanticide and concealed or simulated Pregnancy.* Ann. d'Hyg., vol. xvi, p. 364.

**ANSTIE.**—*The proofs of Live Birth in relation to prosecutions for Infanticide.* West. Med. and Surg. Soc., Lancet, Nov. 16th.

**BROCK v. KELLOCK.**—*Proof of Live Birth.* Lancet, May 11th.

More than twenty years ago a gentleman died intestate. His widow, who was then pregnant, succeeded to a portion of the property. The child died at or immediately after the moment of birth. Thereupon the question arose whether or not the child had lived, in such sense as to have become possessed of property, for if it had, its mother, as its heir, would be entitled to such property. The question turned on the testimony of the accoucheur, that the child moved vigorously a minute before birth, that the chest was full and arched, and that the funis pulsated after the division of the cord. There was no evidence that respiration had taken place. On the ground that the infant, at a time subsequent to birth, was physiologically alive, Vice-Chancellor Stuart decided that he had become possessed of the property in question.

#### IMMORAL ASSAULTS.

**KRÜGELSTEIN.**—*Violation of a child of seven by a youth of seventeen; various methods of distinguishing seminal stains from others resembling them.* Henke, vol. xl, part 4.

**PFAFF.**—*Violation of a child of eight; relaxation of the hymen; dilatation of the vagina; syphilitic affection of the labia majora and minora.* Henke, vol. xl, part 2.

**MASCHKA.**—*Violation of a female affected with epilepsy; improbability of the assumption that the act was committed during the paroxysm, considering that the true epileptic remembers the most minute circumstances, without, however, being in a condition to give the alarm (sic).* Oest. Ztsch., vol. vi, p. 39.

## FORENSIC PSYCHOLOGY.

BRIERRE DE BOISMONT.—*Medico-legal studies on Hallucinations and Illusions.* Ann. d'Hyg., vol. xvi, p. 145.

Hallucinations may, by reason of the profound conviction of their reality which often exists in the mind of the individual who is subject to them, lead to dangerous or criminal actions. This may be the case even as regards the hallucinations of acute delirium and mania, but it happens much more frequently in melancholy monomania, in which the attempts of the patient to injure himself or others are either indirectly determined by his realization of horrible apparitions or of persons whom he believes to be insulting or threatening him, or directly suggested by invisible voices, or other hallucinations. The diseases in which hallucinations and illusions must be taken into account, as determining causes of actions, are mainly monomania, puerperal mania, dementia and general paralysis; it is further to be remembered that the hallucinations which precede the epileptic paroxysm, and those which accompany the transition from sleep to consciousness, may often exercise an important influence. The illusions of dreams occasionally maintain their distinctness up to the moment of waking and even in the state of wakefulness. In such cases they may give rise to unreasonable or criminal acts. Many remarkable incidents have come under the author's personal observation, which could only be explained in this manner. So long as the individual remained under the influence of his dreams, his words and actions were those of a madman, but, as the images of the night faded and became indistinct and finally disappeared, he expressed astonishment at his own acts, although he remembered that, at the time, they appeared to him perfectly reasonable. The paper contains numerous illustrative cases, from which, and from the preceding considerations, the author derives the following practical conclusions:—*Confinement* is often rendered necessary by hallucinations, but is occasionally counter-indicated. *Deprivation of civil rights* (*l'interdiction*) is demanded in the case of individuals whose hallucinations would involve ruin to themselves or their families, but not when the individual is inoffensive, and his hallucinations are, so to speak, constitutional. The *testamentary capacity* of the individual is not impaired by hallucinations in cases in which they have long existed, have exercised no influence on the conduct, have not perverted the natural affections, and have not interfered with the due discharge of social duties.

WILLERS-JESSEN.—*On incendiariism.* 8vo, Kiel, 1860, pp. 335.

In this work, of which the title was given in the 'Year Book' for 1860, the author denies the existence of the impulse to incendiariism as an essential form of mental disease, and regards this tendency either as a symptom of general insanity or as a product of perverted emotions. He accordingly divides the seventy-seven cases on which the inquiry is based into two classes. In the first class, the act was determined by vindictiveness, envy, fear, discontent, nostalgia, or some other emotion, without any intellectual perversion. The second class includes cases referable to imbecility, melancholy, hypochondriasis, and partial dementia, and comprises the incendiariism of drunkards and epileptics. Each subject is illustrated by examples.

**TROUSSEAU.**—*On sudden and irresistible determinations, in their relation with epilepsy.* L'Union, vol. ix, p. 540.

If a man has committed a murder without motive, purpose, premeditation, or passionate emotion, in a state of sobriety, and in the view of all—that is to say, in the absence of all those conditions under which murders are commonly perpetrated—M. Rousseau would be prepared to aver that the impulse to the crime must *almost certainly* have been the result of an epileptic seizure, even if he had not witnessed such seizure. If the act has been committed immediately after an epileptic seizure, attested by credible persons, the medical witness may assert positively that the impulse was irresistible. M. Rousseau cites numerous remarkable cases, showing that sudden and irresistible impulses, under which acts are committed which may or may not have important results, occur frequently during the minor epileptic attack (*petit mal*), or after the convulsive paroxysm; and that such acts are accomplished without the agent's knowledge, and are not remembered by him. The temporary suspension of free will, renders him for the time irresponsible for his acts.

**CASPER.**—*Question of real or feigned Insanity of eleven years' duration.*

Casper, vol. xx, p. i.

A youth of eighteen, who had committed several robberies, was convicted of the crime of rape, under circumstances which brought his sanity into question. The investigation lasted for eleven years, during which period he was removed from one prison or asylum to another, and no less than twenty official medical reports were made on the state of his mind, most of which agreed in the conclusion that his insanity was feigned. The question was finally referred to the Royal Scientific Commission for Medical Affairs, who reversed former decisions, founding their opinion on the following facts, viz., persistent silence, lasting for fifteen months; continued exposure of his body, without covering, to cold, although clothing was within his reach; vigilance kept up night after night; complete rejection of food; swallowing of dirty water in preference to clean, or of hard and unnutritious substances; frequent attempts to commit suicide by venesection; no betrayal of himself on recovering from drunkenness or after inhalation of chloroform; duration of all these symptoms for so long a period (although the subject of them, if sane, must have known that simulation was only lengthening the time of his imprisonment); and, finally, the existence of unquestionable delusions.

**LÖWENHARDT.**—*Not Pyromania, in the true sense of the word, but still absence of responsibility, in a youthful incendiary. Medico-physical opinion as to the mental condition of the youth A. C. S. accused of several acts of incendiarism.* Henke, part 2, p. 240.

A youth, set. 17, set fire, on four several occasions, within a period of forty days, to buildings. Dr. Löwenhardt was called upon by the district court to give an opinion as to the state of mind of the criminal at the times at which these crimes were committed. Four other experts were called, who held that the prisoner was in such a state of mind as to be responsible, while the author stood alone in the opinion, that although he was capable of comprehending the nature of his acts, his responsibility

was diminished by the low degree of development of corporeal and mental faculties to which he had attained. As regards the former, the opinion was founded on the absence of the signs of puberty, and the fact that he had long suffered from epilepsy and scrofula; as regards the latter, on the evidence of limited intelligence afforded by a variety of facts; on the want of moral and religious principle, as shown by ingratitude of the accused to his parents and other benefactors; on his childish levity and recklessness; on his tendency to boast of bad actions; on the readiness with which he fabricated long stories of crimes in which he had been principal and accessory, which stories he as readily denied, and invented others in their place; on the absence of any trace of regret or fear of consequences or of any motive to his crimes, except the desire to make himself conspicuous, and to enjoy the excitement of a fire.

**LEHRS.**—*Manslaughter by Mental Means* (auf psychischen Wege).  
*Report on the cause of death of the patrol, Martin N.*— Henke,  
part 4, p. 286.

A party of patrols was attacked in the night by some armed countrymen, who mistook them for thieves. One of them, Martin N.—, was pursued for some distance, and finally fell into a ditch, on which his pursuers left him, uninjured. During the same night he complained of shivering and headache. He was first seen by a surgeon on the day after when his state was as follows:—He was able to answer questions only in short, unconnected sentences. He was very restless; the eyes were closed, the pupils dilated, and almost insensible to light; the tongue was dry; the pulse full, hard, and of moderate frequency; the head was hot, and the bowels were confined. The treatment consisted in leeches and cold applications to the head, calomel, and other antiphlogistic remedies. The patient died on the fifth day, death having been preceded by complete insensibility.

At the examination of the body the following lesions were observed:—The pia mater was found, on removal of the dura mater, to be intensely injected and thickened, and on its surface, under the arachnoid, there were numerous purulent points, particularly on the basal aspect of the brain, in the neighbourhood of the *sella turcica*. The whole upper surface was covered with semi-fluid yellow pus, which could be removed with the back of the scalpel; no other morbid appearance was met with. From these lesions it was concluded that the direct cause of death was general inflammation of the pia mater; that this was determined by the mortal fear which possessed the mind of the deceased during his precipitate flight; that, as a predisposing cause, his “apoplectic conformation” contributed to the result. Previously to the affray the deceased was in perfect health.

**FRIEDREICH.**—*On responsibility for acts committed under the influence of rage.* Friedreich, vol. xi, part 1.

**MASCHKA.**—*Opinion on the mental condition of the murderer, Martin P.*— Oest. Ztsch., vol. vi, Nos. 5 and 6.

**FLECHNER.**—*Cases of Mental Disease in medico-legal practice.* Oest. Ztsch., vol. vi, Nos. 29, 38, 43, and 46. Canst., vol. vii, p. 23.

(1) Periodical delusion, with maniacal excitement; abolition of disposing power. (2) Delusion, with melancholy; recovery; disposing

power unimpaired. (3) Periodical delusion, with excitement, in an official, et. 28; recovery. (4) Delusion, with melancholy; temporary maniacal excitement, with attempt to commit suicide. (5) Delusion, with maniacal excitement in a mechanic, et. 39.

HASCHECK.—*Question of responsibility in a case of pretended epilepsy.*  
Oest. Ztsch., Nos. 35 and 36.

RITTER.—*What are the causes of the recent excessive increase of suicides, and what preventive measures ought to be applied?* Deut. Ztsch., vol. xv, part 2, and vol. xvi, part 1. Canst., vol. vii, p. 15.

The author's conclusions are founded on the statistics of the district of Middle Franconia, in Bavaria. During the years 1857-8, 1 in 145 of the deaths in the towns was self-inflicted, and 1 in 289 in the country. Of 100 suicides, 80 were men and 20 women; 60 per cent. accomplished their end by hanging, 17 by drowning, 11 by firearms, 7 by throwing themselves in front of locomotives, 2·8 by charcoal vapour, and only 1·4 by cut throat. The motives to the act were as follows:—In 40 per cent. of the cases it was attributed to *tedium vitæ* and mental disorder; in 15 per cent. to the loss of means of subsistence; in other cases to the fear of future punishment, to despair induced by bodily suffering, disappointed love, &c.

HUCK.—*Statistics of Suicide in the Grand Duchy of Baden.* Corr. Bltt. d. d. Ges. f. Psychiatr., vol. vii, No. 1. Canst., vol. vii, pp. 14—16.

In 439 cases in Baden (1854-56), the motives to the act of suicide were as follows:—Insanity in 106 cases, weariness of life and domestic troubles in 119 cases, bodily suffering in 38, remorse and apprehension of punishment in 33, disappointed love in 11, wounded honour or modesty in 8, religious enthusiasm in 2; in the remaining 112 cases the cause was unknown.

ORTH.—*Investigation of a case of Suicide by Hanging, after swallowing shoe-nails and other bodies.* Deut. Ztsch., vol. xvi, part 2. Canst., vol. vii, p. 14—16.

In this case fifty-nine fragments of nails, and several smaller bits of iron, along with a flint, seeds of *Helianthus annuus*, skins of beans, and sand, were found in the ileum, near the ileo-cæcal valve; a few nails were found in the large intestine.

*Statistics of Suicide.* Corr. Bltt. d. d. Ges. f. Psychiatr., vol. vii, Nos. 17 and 18.

MICHEL.—*Two cases of Suicide by Phosphorus.* Corr. Bltt. d. Würt. ärzt. Vereins, vol. xxx, parts 42 and 43.

ERLENMEYER.—*On the injurious effects of the Marriages of Relations.* Corr. Blatt. d. d. Ges. f. Psychiatrie, vol. vii, No. 8. Canst., vol. vii, p. 3.

The author finds the conclusion that the marriages of relations are injurious on the facts that such marriages are frequently without issue (thirteen to twenty instances per cent.); that the offspring are frequently deaf and dumb, and are liable to idiocy and other forms of mental deficiency, and that the mortality of such children is unusually great. These statements are based on the previous researches of Roëll, Deray, Robinson, Howe, Rossaknecht, Everts, Menière, Persio, and Bergmann.

# REPORT ON PUBLIC HEALTH,

BY

DR. SANDERSON.

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## GENERAL REPORTS.

SIMON.—*Third Report of the Medical Officer of the Privy Council, for 1860.* 8vo, London, 1861.

TREBUCHET.—*General Report of the Proceedings of the Conseil d'Hygiène Publique et de Salubrité of the Department of the Seine, from 1849 to 1858 inclusive.* 4to, Paris, 1861, pp. 634.

*Transactions of the Association for the promotion of Social Science.* 8vo, London, 1861.

PIETRA SANTA.—*Railroads and Public Health; hygiene of travellers by rail and of persons employed on railways.* 18mo, Paris, 1861, pp. 214.

## MEDICAL STATISTICS.

ESCHERICH.—*On Infantile Mortality, in connection with meteorological and topographical conditions.* Bayer ärztl. Intell. Bl., No. 40, 1860.

ESCHERICH.—*On Infantile Mortality, in its effect on the constitution of the population, as regards sex and age.* Loc. cit., No. 51.

VOGT.—*On Illegitimate Births and Infantile Mortality, in relation to the question of Trades.* Loc. cit., No. 19, 1861.

PLOSS.—*Infantile Mortality, and its relation to the elevation of the surface and the fecundity and occupation of the population.* Arch. f. Wissens. Heilk., vol. vi, p. 17.

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PLOSS.—*Statistical Researches on Infantile Mortality.* Schmidt, vol. 112, p. 323.

This paper is divided into ten parts, in which the author treats of the influence of sex, age, hereditary constitution, illegitimacy, defective nourishment, and occupations, on infantile mortality; on the epidemic and other diseases to which infantile deaths are referable, and the relations between infantile mortality and local and meteorological conditions. As

regards illegitimacy, the author quotes the researches of Dr. Vogt (see above), who shows that in Bavaria the number of illegitimate births is greater than in any other country in Europe. During the years 1835 to 1844, the number of illegitimate births was to that of legitimate as 1 to 3·79, and in the years 1851 to 1857 as 1 to 3·77. In correspondence with the frequency of illegitimacy, the mortality of children in the first year of life is excessive. From the returns it appears that, in the years 1835-44, 31·1 per cent. of the children born, died before the expiration of the first year. The mortality of those born in wedlock was 30 per cent., and of the illegitimate 35 per cent. Vogt attributes both the high infantile death rates and the great number of illegitimate births, to the restrictions with which labour is hampered by the mediæval trade-guilds, the difficulty of obtaining permission to marry, and other political and social evils. The influence of local and other purely physical conditions on infantile mortality, is considered by Escherich to be much greater than has hitherto been supposed. From inquiries as to the distribution of infantile deaths in Bavaria, he concludes that the mortality under one year increases directly with the elevation, while from the comparison of different years it appears that those are most fatal to infantile life in which the temperature is highest. In confirmation of the former conclusion, Ploss has found that in Saxony, no less than in Bavaria, there is a direct relation between the elevation and infantile mortality, both in urban and rural districts. Thus, sixteen per cent. of the number of boys, and nearly twenty per cent. of that of girls, born in the highland districts, die before arriving at the age of one year, while in the low country the corresponding numbers are 13·7 and 16·9.

Various writers have associated unusually high infantile death-rates with undue fecundity of the population. The researches of Escherich and Ploss afford striking evidence of the reality of this relation. From Escherich's tables it appears that in Bavaria there is a constant relation between the number born, and the proportion of those born who do not survive the first year of life. The results derived by Ploss from the mortality-statistics of the towns of Saxony coincide entirely with those of Escherich. He found that in those towns in which the birth-rate was below twenty-three per thousand the infantile death-rate was fifty-five, while in those having a birth-rate above twenty-seven, the infantile death-rate was ninety-three.

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BOUCHUT.—*On the Mortality of New-born Infants.* L'Union Méd., vol. xii, p. 129.

The author has made an extended statistical inquiry as to the various causes of mortality among children in France. The following are some of the conclusions which he adopts. At the present time only 1 in 6 of the children born in France die during the first year; the proportion was formerly 1 in 4. The mortality is somewhat greater of boys than of girls, and greater among the poor than the rich. The exposure of young children to cold in winter, in carrying them to the "mairie" (for registration) and to church, is a fruitful source of early death. Of foundlings, reared in the country, 11 per cent. die during the first ten days, and 55 per cent. in the first year. This enormous mortality is considered

by M. Bouchut to be much promoted by the faulty mode of feeding which prevails among those to whom such infants are intrusted by the state for maintenance.

MEDICAL COLLEGE OF NORWAY.—*Report on the sanitary condition and on the medical relations of Norway for 1856 and 1857.* Christiania, 1860. Schmidt, vol. 112, p. 236.

The annual death-rates for the two years were respectively 16·8 in 1856, and 16·0 in 1857; the numbers of deaths being 25,000 and 26,000. The numbers of births were respectively 48,000 and 50,000, and the vaccination 35,500 and 43,000. There was no remarkable prevalence of disease, the principal epidemics being continued fever, scarlet fever, hooping-cough, and parotitis. From the inconsistency of the nomenclature and imperfection of the abstract, it is impossible to determine to what causes the sanitary superiority of Norway to England is attributable. A special report is appended on an outbreak of Asiatic cholera at Drammen; twenty-seven persons were attacked, and twenty-one died.

#### MEDICAL METEOROLOGY.

HOUZEAU.—*On the normal variability of the properties of Atmospheric Air.* Comptes Rendus, vol. lii, No. 16, p. 809.

M. Houzeau draws attention to the variations in the bleaching power of the air at different places. Blue litmus paper exposed to the air in the country becomes completely decolorized in a few days, whereas in town it may either be exposed indefinitely without loss of colour, or at all events is bleached much more slowly than in the country. From other experiments it appears the bleaching power of the air varies with its power of decomposing iodide of potassium (ozone).

PASTEUR.—*Experiments relating to Spontaneous Generation.* Comptes Rendus, vol. l, p. 303.—*On the origin of Ferments.* Ibid., p. 849.

Pasteur has made very extensive inquiries, with a view of testing the truth of the discovery of Schröder, "that the atmosphere contains an active substance, which induces the phenomena of fermentation and putrefaction, and which is decomposed by heat and arrested by filtration." His experiments establish—that the air contains at all times microscopic organized corpuscles, which may be collected by filtering it through gun-cotton, dissolving the cotton in ether, and allowing the ether to evaporate spontaneously.

POUCHET.—*Method of collecting the Corpuscles contained in a given volume of Air.* Comptes Rendus, vol. l, p. 748.

M. Pouchet has investigated the "corpuscles of the air" (see preceding abstract) in a somewhat different manner. He has contrived an apparatus called an aëroscope, the action of which is to direct an extremely minute but rapid current of air against a flat disc of glass. The air-corpuscles are deposited on the glass "by precisely the same mechanism that the particles of metal are deposited on the porcelain plate in Marah's apparatus," forming a little spot not more than a millimetre in diameter.

SCHMID.—*Text Book of Meteorology*. With an atlas of twenty-one plates. Leipsic, 1860. Schmidt, vol. III, p. 115.

The treatise of Schmid includes the whole physics of the atmosphere, with the exception of atmospheric electricity and the facts relating to meteors. It is divided into four parts, of which the first relates to the measurement and distribution of temperature, the sources of heat, the periodical and irregular variations of temperature, and their relations to climatology. The second part refers to currents, winds, and storms. The third to the circulation of water. This includes evaporation, the humidity of the atmosphere, and the various forms in which moisture is precipitated, such as clouds, mist, dew, rain, snow, &c., and lastly springs and streams. The fourth part treats of atmospheric pressure, its measurement and variations, and the relations which exist between the tension of the air and its temperature, moisture, and other physical conditions. The work includes very extensive tables of meteorological records, and an atlas of illustrative plates.

MÜHRY.—*General Geographical Meteorology, being an attempt to represent synoptically the meteorological phenomena of the earth in their bearing on climate*. With charts and woodcuts. Heidelberg, 1860. Schmidt, vol. III, p. 117.

Dr. Mühry has already published two important works on the applications of meteorology to geographical nosology and climatology. In his present work he ascends from applications to principles, from the observation of the influence of physical and geographical agencies on the health of mankind to the investigation of the general laws of meteorological phenomena, to which he applies the term "Erdmeteoration." These are stated in short and precise language, without much admixture of mathematical formulæ, so that the book may be regarded as a comprehensive and popular synopsis of the laws of the weather. The author does not enter into geographical detail, giving no account of the climate of particular localities or districts. The work is divided into four parts, which correspond entirely with those adopted by Schmid. To the practitioner it is of more value than the preceding work, as the author has professedly had in view throughout the application of his science to medicine.

HALLER.—*Popular diseases in their dependence on the conditions of the weather. A statistical inquiry, founded upon observations made during ten years in the General Hospital at Vienna*. 4to, Vienna, 1860, pp. 40.

The purpose of this inquiry is to determine in how far the invasions and disappearances of epidemic diseases, coincide with or depend on simultaneous changes in the state of the weather. As regards the prevalence of diseases, Dr. Haller has obtained his information from the annual reports of the hospital. From the numbers of cases of each important disease occurring during short periods of time, he has constructed curves representing their prevalence during each year, and has compared these curves with the curves of temperature, barometric pressure, and humidity, for the same year. A glance at these curves is sufficient to show in how far any relation can be traced between the nosological and meteorological facts which they represent. The following are some of the

results which have been arrived at:—Inflammations of the lungs prevail in winter, increase until May, and decline rapidly from the end of that month until September. In Vienna the deaths from phthisis, which form a third of the whole mortality, increase from the beginning of winter until May, in which month they attain their maximum. Typhus never entirely disappears; it prevails epidemically most in the winter months, but appears to be much more dependent on overcrowding than on atmospheric conditions.

FUCHS.—*The Epidemic Diseases of Europe in their relation with the phenomena of terrestrial magnetism, with changes in the condition of the atmosphere, and with the history of the civilised races of this hemisphere.* 8vo, Weimar, 1860, pp. 151. Schmidt, vol. III, p. 124.

This work is an attempt to trace epidemics to those natural processes which are in daily operation around us, and exert a constant influence on our existence, instead of to the hypothetical or mystical causes to which such diseases are frequently attributed. The author divides epidemic diseases into (1) those dependent on continuous cold, among which he enumerates, besides catarrh and influenza (the former of which is the cause of sixty-seven per cent. of the deaths in the north of Europe), the febris nervosa lenta, that form of continued fever which is peculiar to high latitudes—and (2) those dependent on continuous heat in which are included dysentery, yellow fever, cholera, plague, and remittent fever. The 3rd section is devoted to the diseases peculiar to Europe, the climate of which partakes of the peculiarities of many other parts of the world. The author observes that in the west of Europe the majority of mankind die of diseases consisting in the deposit of albumen in the tissues (tubercle, scrofula, &c.), to which he therefore proposes to apply the term leucomeccritical. The sea climate of these countries is characterised by abundance of fog and rain, mild winters, and moderate summers, which conditions are associated, as causes favouring albuminous deposits, with the use of food rich in albumen, as compared with the fatty diet of the Esquimaux or the farinaceous diet of the negro. In the east of Europe a dry, continental climate prevails, and the most fatal diseases are those which he comprises under the term haematoseptic, including scurvy and septic fever. In this region tubercular diseases are rare.

The views of the author are exhibited in a chart, in which the distribution of the various classes of diseases is shown. The whole subject is illustrated by a great number of interesting geographico-medical facts, overlooked by previous authors, but of great importance as forming the basis of the new science of medical meteorology.

RIGDEN.—*The Meteorology of Canterbury, in relation to its vital phenomena.* Brit. Med. Journal, vol. ii, p. 147.

Mr. Rigden's conclusions are founded on a comparison of the statistics of mortality of the town, with the records of meteorological observations during a period of seven years ending 1860. Each unhealthy season appears to have been "attended, at least at its commencement, by more than the average fall of rain." Unusually low temperatures in winter, spring, or summer, and high temperatures in autumn, have been associated with high death-rates. In unfavorable seasons the prevailing

winds have been north, north-east, and east; in favorable, south, west, and south-west.

**RANSOME.**—*On Atmospheric Pressure and the Direction of the Wind in relation to Disease, especially Hæmorrhages and Neuralgias.* Lit. and Phil. Soc., Manchester. Brit. Med. Journ., vol. i, p. 592.

**ANGUS SMITH.**—*On the production and prevention of Malaria.* Lit. and Phil. Soc., Manchester. Chem. News, vol. iii, p. 173.

Malaria, according to the author, has been proved to be caused by the decomposition of organized bodies; putrescence, and consequently alkalinity, of the soil are the necessary conditions of its production. The author believes that by the addition of ammonia to soil sufficiently moist, putrescence, and thereby malaria, can be produced, and that by the addition of true antiseptics, of which carbolic or phenic acid is the type, it may be destroyed.

#### DWELLINGS.

**SCHARLING.**—*On the purification of the Air in Dwellings.* Hyg. Medd. og Betragt., vol. i, p. 31. Henke, part 3, p. 63, 1861.

Scharling has made numerous experiments on new applications of charcoal as a disinfectant and deodorant—not only to remove the offensive smell arising from animal excreta, but those from culinary and other domestic processes. In the sick room he recommends the exposure of perfectly fresh charcoal in boxes, the effect of which in removing smells he finds to be immediate and decisive.

**BOWDITCH.**—*On Coal Gas.* Proceedings of the Royal Society, vol. xi, p. 25.

The author has discovered that bisulphide of carbon, and other similar compounds containing sulphur, which all purifying methods have hitherto failed to remove from gas, are converted into sulphuretted hydrogen, and consequently rendered easily separable, by passing it over hydrate of lime at temperatures varying from 300 to 400° Fahr. It is understood that the invention will be adopted by gas companies.

#### HOSPITALS AND PUBLIC BUILDINGS.

**ACADEMIE DE MÉDECINE.**—*Unhealthiness of the Hospitals of Paris as compared with those of other countries.* Bull. de l'Acad., *passim*, 1861.

On the 12th of November, 1860, a report was presented to the Academy on a 'Mémoire' of M. Le Fort, relating to the operation of resection of the hip-joint, by M. Gosselin, in which he drew attention to the high mortality which accompanies this and other surgical operations in Paris as compared with London. This led to a discussion, in which the most distinguished of the hospital surgeons took part. M. Malgaigne held that the Paris hospitals were, as regards their sanitary condition, "the most detestable in Europe." An opposite opinion was energetically maintained by MM. Davenne and Bonnafont. The unhealthiness of the

Parisian hospitals, and particularly the unfavorable results of operations, were attributed by the several speakers to the practice of surrounding the beds with curtains, to the use of charpie, and the communication thereby of infection, to the overcrowding of the wards, to the insufficient number of nurses, to the absence of open fire-places, the foulness of the floors and furniture (as compared with the scrupulous cleanliness observed in London), and to the offensive and unhealthy latrines. Other less important details were referred to.

TOPINARD.—*On the Hygiene of the London Hospitals.* L'Union, vol. xii, p. 517.

LEFORT.—*General considerations on the Healthiness of English Hospitals.* Annales d'Hyg., vol. xvii, p. 232.

#### DISINFECTION.

MÜLLER.—*On the Preservation of Urine.* Journ. f. prakt. Chemie, vol. lxxxi, p. 452.

EISENSTÜCK.—*On the same subject.* Ibid., p. 482.

Müller finds that urine, in which the urea has once undergone transformation into carbonate of ammonia, is subject to no further putrefactive change. This transformation takes place rapidly on the addition of a ferment, the most suitable for the purpose being the mucus deposited by urine. In order to fix the ammonia, he treats the liquid thus obtained by the same method as is applied to ammoniacal liquor of gasworks.

CHEVALIER.—*On the Utilization in Italy of the products furnished by Man as Manures.* Ann. d'Hyg., vol. xvi, p. 241.

FRONMÜLLER.—*On the application of Coal-tar-gypseum.* Memorab., vol. v, Oct., 1860. Schmidt, vol. 109, p. 288.

The author finds that this substance has the treble advantage of being cheap and effectual, and of enhancing the value of the substances to which it is added as manures.

#### OCCUPATION.

GREENHOW.—*Report on Districts with excessive Mortality from Lung Diseases.* Third Report of the Medical Officer of the Privy Council, 1861, pp. 102—194.

Dr. Greenhow's inquiry has demonstrated that an excessive prevalence of pulmonary diseases is associated with a great variety of conditions, which may be divided into—(a) those which may be shown to act directly as exciting causes, (b) those of which the action may be presumed to be similar, from their being frequently associated with an excessive pressure of pulmonary disease, and (c) those of which the action is matter of conjecture. The causes included in the first category have been investigated by Dr. Greenhow in three classes of occupations, viz.—(1) those in which an atmosphere is breathed “loaded with mechanical impurities, such as fine dust (grinders of cutlery, needles, and other steel articles, miners, quarry-men, stone-masons, china scourers, potters, turners of earthenware, makers of plaster-of-Paris moulds) or particles of flax, cotton or woollen

fibre (hacklers of flax, sorters of wool and alpaca, operatives employed in the manufacture of waste silk and in the carding-rooms of cotton factories, wool-combers); (2) those in which poisonous or injurious gases are inspired; and (3) those which are necessarily carried on in "an over-heated and highly dried atmosphere" (flat-pressers and some other workers in the potteries). The principal conditions which were found to exercise an indirect influence as causes of pulmonary disease were—(1) habitual exposure to a hot and exceedingly moist atmosphere (slip-makers in potteries and flax-spinners); (2) working in ill-ventilated and over-heated factory rooms; (3) exposure to vicissitudes of temperature; (4) constrained posture; (5) long hours combined with a sedentary occupation; and (6) over-crowded dwellings.

SEEMANN.—*On the Chronic Diseases of Weavers* (Weber und Posamentiere). Henke, vol. xxiv, p. 205.

After remarking on the frequency of chronic diseases among those who work at the loom, and the general causes of the unwholesomeness of this kind of occupation, the author treats of the various forms of disease to which weavers are liable as follows:—(1) Diseases of the respiratory organs. Among the weavers at Berlin there is almost universally alteration of the voice, which is associated with redness of the mucous membrane of the pharynx and epiglottis. In a certain number this is followed by chronic laryngitis, and in such persons there is a marked proclivity to repeated attacks of bronchitis, not, however, of any special character. The author finds the prevalent lung disease among weavers to be bronchial catarrh with emphysema, which does not commonly originate in the manner above described, but develops itself so insidiously in the course of years that the patient is unable to recall the commencement of his symptoms. The author traces these affections to two causes, viz., the diffusion in the atmosphere of the working-rooms of innumerable minute fibres, and the constant habit of the weaver, each time he fills his shuttle, to draw through the thread by a sucking action of the mouth, in doing which he inspires a quantity of the fibrils which collect in the orifice of the shuttle as the thread is running out. He finds that by discontinuing this practice, weavers get rid of their cough and hoarseness. (2) Diseases of the organs of digestion. Weavers complain of constant, dull, oppressive pain at the epigastrium, of feeling of satiety or even of repletion after small quantities of food, and of heartburn with pyrosis in the intervals, often so violent as to interrupt the patient in his work. These symptoms are usually accompanied with constipation and haemorrhoids. They are partly attributable to the swallowing of particles of thread, often dyed with injurious pigments, but are probably more directly dependent on the constant pressure against the epigastrium, and the often repeated knocks which the region of the stomach receives from the beam, especially in carpet work. To relieve gastralgia, the weaver has recourse either to spirituous liquors or to the chalk which he uses in his occupation (for the purpose of smearing his fingers when engaged in joining the threads). The latter removes pain, but frequent recourse to it eventually aggravates the disease. A further very important cause of derangement is the impregnation of the atmosphere with the lead-dust

which arises from the constant friction against each other of the little leaden weights, one of which is attached to every thread of the warp to keep it tight. In Berlin this is a common source of lead poisoning. The author next dwells on the liability of weavers to hypochondriasis, arising from the isolation of their life, to dyspepsia, to affections of the eyes, consequent upon the constant straining of vision which their work requires, and to deformities. In the weaver the muscles of the left side are abnormally developed, and the spinal column is curved to the left in the lower dorsal and upper lumbar regions. His gait is peculiar; he lifts his feet high in walking, as if he were ascending a stair. Dr. Seemann further describes the various kinds of loom-work in relation to their effects on health.

**DEMARQUETTE.**—*On the Diseases of Workmen in the Collieries of Courrières, Billy, and Liétard.* Bull. de l'Acad. de Méd., vol. xxv, No. 7. Canst., vol. vii, p. 62.

The author precedes his communication with a short sketch of the mode of life of the French colliers, dwelling particularly on their reckless and improvident habits, their early marriages, and their exclusive clannishness. From his account of the diseases to which they are liable, it would appear that their sanitary condition contrasts strongly with those of English pitmen. Demarquette states that they die early, and "become asthmatical, and suffer from organic disease of the heart at fifty." Phthisis is said to be unusually frequent.

**PERRON.**—*On the Diseases of Watchmakers produced by copper and the absorption of cupreous molecules.* Ann. d'Hyg., vol. xvi, p. 71.

M. Perron's paper relates to the watchmakers of Besançon, in which town more than 3000 workmen are employed in this branch of industry. The author, after reviewing the opinions of former observers on the effects of copper on the health of those who work with it, and relating various illustrative clinical facts, shows from the statistics of mortality of the town that of the whole number of watchmakers who died during the nine years ending 1860, sixty-three per cent. died of phthisis, while in adult males engaged in other occupations that disease was fatal to twenty-two per cent. only. From these figures, and from clinical observation, he infers that the trade of watchmaking acts injuriously mainly as a predisposing cause of phthisis. The author concludes that the sedentary life of the workpeople and their habit of working in the cold, the irritating effect of the inhalation of copper-dust, and the ingestion of copper, are the most important agents in the production of this result.

**TREBUCHET.**—*On the preparation of Hides and other animal débris.* Ann. d'Hyg., vol. xv, p. 250.

**VERNOIS.**—*On the preparation of Hogs' Bristles.* Ann. d'Hyg., vol. xv, p. 289.

#### FOOD.

**BOUDET.**—*Report to the "Conseil d'Hygiène publique et de Salubrité" of the Department of the Seine, on the wholesomeness of the water of the Seine considered as a drinking water.* Journ. de Pharm., vol. xl, p. 346.

From the extensive series of analyses made under M. Boudet's direction, of water taken in May, June, and August, from the Seine, at various parts of its course, it appears that the water which arrives at Ivry (fourteen miles above Paris) in a state of perfect purity is first contaminated by the confluence of the Marne, and in its progress through Paris becomes more and more impure, until it attains its greatest impurity below Asnières (nine miles below Paris), at which place the river receives the great intercepting sewer which drains the northern half of the metropolis. The analyses show that the water at St. Ouen, below Asnières, contains twenty-eight times as much nitrogenous impurity as at Ivry. The bearing of these results on the quality of the supply of drinking water to Paris lies in the fact that that supply is obtained, not from the river above the capital, as in London, but from various points below the town (Chaillot, Neuilly, Auteuil, and Asnières), and not in midstream, but close to the banks. In May, 1861, the source of supply was changed from immediately below the mouth of the sewer at Asnières to a little above it; although this has effected a considerable improvement in the water, it may be readily understood that it is still very inferior.

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BUSSY.—*Report to the "Comité d'Hyg. Publique" on the water of the reservoirs of Montmartre and Passy.* 8vo, Paris, 1861.

The tenor of this report is similar to that of the other.

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CROOKES.—*On the detection of Alum in Bread.* Chem. News, vol. iii, p. 207.

The author, after pointing out the error which has so often arisen in the ordinary process from the calculation of the precipitate of phosphates of lime, magnesia, and alumina, finally obtained, as if it were all alumina, proceeds to describe a new method, which, although somewhat tedious, appears to be free from the risk of confounding other things with alumina. Its main peculiarity consists in the separation of the whole of the phosphoric acid at an early stage of the process, in combination with peroxide of tin, by the addition of metallic tin and nitric acid to the residue obtained by treating the carbonized bread with sulphuric acid, adding water, filtering, and evaporating the filtrate to dryness. The reader is referred to the paper for details.

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BALLARD.—*On the Adulteration of Butter with Animal Fats.* Chemical News, vol. iv, p. 283.

The author finds that in London, butter is frequently adulterated with beef fat in the form of dripping, especially for exportation. He finds the detection of this impurity on a minute examination of the colour, consistence, odour, and other physical and organoleptical characters exhibited by adulterated as compared with pure butter, during the process of washing, drying, and pressing. The most important of these characters are based on the taste of the washed and dried butter, and on the fact that pure butter, when stirred rapidly in a beaker with boiling water, is divided into minute drops, which give a finely cellular appearance to the layer which they form at the surface, and a granulated or sago-like appearance to the cake formed on cooling.

HORSLEY.—*On the Adulteration of Butter.* Chem. News, vol. iv, p. 230.

Mr. Horsley finds the detection of animal fats in butter on the fact that pure butter is perfectly soluble in ether, forming a clear and permanent solution at 65° Fahr., whereas adulterated butter gives a thick, milky fluid when treated in this manner. The applicability of this test has been disputed, but Mr. Horsley's subsequent experiments have completely confirmed the results first arrived at.

STEFANELLI.—*On the action of Lead on Drinking Water.* Ztsch. f. Chem. u. Pharm., vol. iii, p. 33.

The author's conclusions are as follows:—Drinking water acquires the property of dissolving lead when it contains nitrates, alkalies, or the alkaline bicarbonates; but the bicarbonates of lime and magnesia precipitate lead when in solution.

MULDER.—*On Beer, its chemical composition, manufacture, and employment as a beverage.* 8vo, Utrecht, 1861.

#### EPIDEMIC AND ENDEMIC DISEASES.

HORNEMANN.—*On the measures to be taken in respect of Ships arriving from Ports in which Cholera Asiatica is prevailing.* Hyg. Medd. og Betragt, vol. i, p. 81. Henke, part 3, p. 56, 1861.

In Denmark, as in other countries, the opinion of the medical profession as to the value of quarantine regulations gradually changed, until, in 1852, the quarantine laws were abolished. The advent of cholera in the following year produced a reaction in favour of restrictive regulations, although no one wished them revived in their old form. Dr. Hornemann strongly advocates the sanitary inspection of shipping on arrival in port, not only with a view to contagious diseases, but to the enforcement of cleansing and ventilation.

BRYSON.—*On the recent introduction of Yellow Fever into Port Royal, Jamaica.* Epidemiological Society, Brit. Med. Journ., vol. i, p. 236.

The author relates some striking facts in support of the communicability of yellow fever. H.M.S. Icarus arrived on the 9th of October at Port Royal, Jamaica, where no cases of the disease had occurred, with fifty of the crew suffering from yellow fever, thirty-two having previously died. The worst cases were sent on shore in a pinnace belonging to the Imaum, which vessel was at the time free from disease. The boat's crews were first attacked, and subsequently their shipmates on board the Imaum. The crews of two other vessels who had communication with the Icarus were invaded by yellow fever subsequently, but no diffusion of the disease took place on shore. It thus appears that, "from one central focus, within the short space of a few weeks, the yellow fever was radiated in three distinct and distant directions, establishing in each point a fresh nucleus of infection."

**IRVINE, HUNTER, CAMERON, EDWARDS, WILLIAMS, OGILVIE.**—*The Fever at Liverpool.* Med. Times and Gaz., April 20th and 27th, May 4th, and June 1st.

On the 22nd of February an Egyptian war-steamer arrived at Liverpool from Alexandria. Out of a crew of 350, eighty were on the sick-list, suffering mostly from diarrhoea and dysentery, of which last, six had died within a week after the vessel was in harbour. Thirty-two of the sufferers were removed (Feb. 25th—27th) to the Southern Hospital, who were in a state of extreme personal filth, and swarmed with vermin. Twelve of those admitted had diarrhoea or dysentery, of whom three died, but none had fever. On March 4th the senior house-surgeon was attacked by fever, next one of the nurses, and in the course of a few days some of the patients. Twenty-five persons, including five children under ten, were affected, of whom three died. Between Feb. 26th and March 1st more than 200 of the crew were taken to the Paul Street Baths and Washhouses. On the 2nd of March a bath-man was attacked, and subsequently two other persons connected with the establishment. In each case the disease assumed the characters of true typhus; transitory diarrhoea occurred in three cases, none of which were fatal. Of the fatal cases recorded the durations were severally ten days, nine days, and twelve days. The "eruption of typhus" is said to have presented itself in all of them. Those of the crew who recovered, embarked on board another Egyptian frigate for Alexandria, having on board thirteen English, including the captain. Of these, four, including the captain, went on shore at Malta, suffering from fever. The captain died at the tenth day of his disease; on examination of his body the ileum and mesenteric glands were found to be healthy. In all those affected a "copious mulberry rash" appeared from the sixth to the eighth day, and there was muttering delirium, which in the fatal case terminated in coma. On the arrival of this ill-fated crew at Alexandria six others of the crew went on shore with fever, all of whom recovered.

**MILROY.**—*On the influence of Contagion in the rise and spread of Epidemic diseases.* British Medical Journal, vol. i, p. 154.

**THE MEDICAL OFFICER OF THE PRIVY COUNCIL.**—*Epidemic of Typhoid Fever at Bedford.* Third Report, 1861.

Mr. Simon's report contains, among other matters, important information relating to origin of the epidemic of fever which took place in the town of Bedford in the winter of 1859-60. It appeared that typhoid fever had not only prevailed in Bedford during the year in question, but during the autumn months of each year for some time previously. As regards its local distribution, it was found that there had been no relation between the prevalence of fever and the existence of foul cesspools or drains; but on the analysis of water taken from wells in the infected area, it appeared that they were "contaminated with animal matter." The supply of water for the town is derived from shallow wells, sunk into a permeable subsoil (gravel), which rests upon limestone rock. Cesspools are universal, and the drainage of the town is of such a nature that the whole of the liquid refuse sinks into the subsoil, which is so thoroughly saturated by it that it is impossible for the wells to escape pollution.

**BUDD.**—*On Diphtheria.* British Med. Journ., vol. ii, p. 577.

The measures of prevention advocated by Dr. Budd are founded on the "facts" that diphtheria is contagious or "catching," and that the exuviae from the surface on which the poison exerts its specific action possess in an eminent degree the power to propagate the disease. To this power the author attributes great importance in the diffusion of the disease. In towns the "diphtheritic stuff is thrown into the privy or watercloset, whence it finds its way into the cesspool or sewer. In country places a dung-heap, hard by the cottage door, is its more common receptacle; or failing the dung-heap, it is cast into some open gutter, which carries it, perhaps by a slow current, through the whole length of a village." "In every severe case of diphtheria ..... not only the dwelling-house, but the soil around it, becomes infected with the diphtheritic poison, over an area which varies with the malignity of the case, the character of the soil, with the particular season, and, lastly, with the nature of the sanitary and other arrangements." Hence, "to make an end of the morbid product as soon as cast forth, or at least to use all available means to prevent its deadly germs from taking fresh root," ought to be, as regards prevention, "the one thought of the physician."

The paper contains several examples in support of the communicability of the disease.

*Syphilis communicated by Vaccination to forty-six Children out of sixty-three.* Bull. de Thér., vol. lxi, p. 474.

*Syphilis conveyed by the Vaccine Lymph to forty-six Children.* Lancet, Nov. 16th.

A child, æt. 11 months, was vaccinated with lymph stored in a "tube," derived from an unknown source in a neighbouring town. The lymph was inserted by puncture with a clean lancet. A single vesicle was produced, from which lymph was taken at the tenth day, and employed to vaccinate forty-six children, from one of whom seventeen others were vaccinated ten days later. Out of these sixty-three children forty-three are said to have presented, within two months, symptoms of syphilitic disease, viz., thirty-eight of the first series and seven of the second. The child from whose arm the lymph used in the first series of vaccinations was obtained was severely affected, but the symptoms could not be investigated; the child whose vesicles furnished the second supply died from an unknown cause within a month of the vaccination. A committee was appointed by the medical congress at Acqui to investigate the symptoms, which were of the following nature.

It was related to the committee that in some of the cases the vaccine vesicle, instead of cicatrizing, extended and began to suppurate anew, becoming surrounded about the twentieth day by a red, livid, or copper-coloured areola. In other cases ulceration was re-established after complete cicatrization, and in some of these instances it was accompanied by a general eruption, "confounded by the peasantry with smallpox." On the 7th of October six had died without treatment, three were in a state of marasmus, and fourteen were improving decidedly under a treatment which consisted in mercurial frictions and iodide of potassium in small doses.

The symptoms actually existing at the period of the inquiry were as

follows:—Mucous patches (*pustules plates*) at the margin of the anus and on the external organs of generation, syphilitic ulcerations of the mucous membranes of the lips and of the isthmus of the fauces, affections of the inguinal and cervical lymphatic glands, syphilitic eruptions, and alopecia.

It was ascertained that the child first vaccinated was “in vigorous health, and had a fine constitution. Nothing, either in his own antecedents or in those of his parents, justified the slightest suspicion of previous infection.” The committee were unable to obtain any information as to the origin of the lymph contained in the tube from Acqui.

**SEATON.**—(1) *Report of Inspections in certain Metropolitan Unions and Parishes during the epidemic prevalence of Smallpox.*—(2) *Report of Inquiry into the state of Public Vaccination in forty-one Unions, comprising 152 Vaccinating Districts, made between June 25th and December 22nd, 1860.* Third Report of the Med. Officer of the Privy Council, 1860.

The districts to which the inquiry related were those in which it appeared from the public returns that vaccination was most neglected. In these districts it was found that the actual arrangements for public vaccination were not such as to conduce either to its popularity or to its successful performance; and in particular that, by the general adoption in certain districts of the practice of vaccinating with dry lymph preserved on points, the quality of vaccination was much injured, and its efficiency as a prophylactic measure impaired.



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A YEAR-BOOK for 1862 will be published as early as possible in next year.

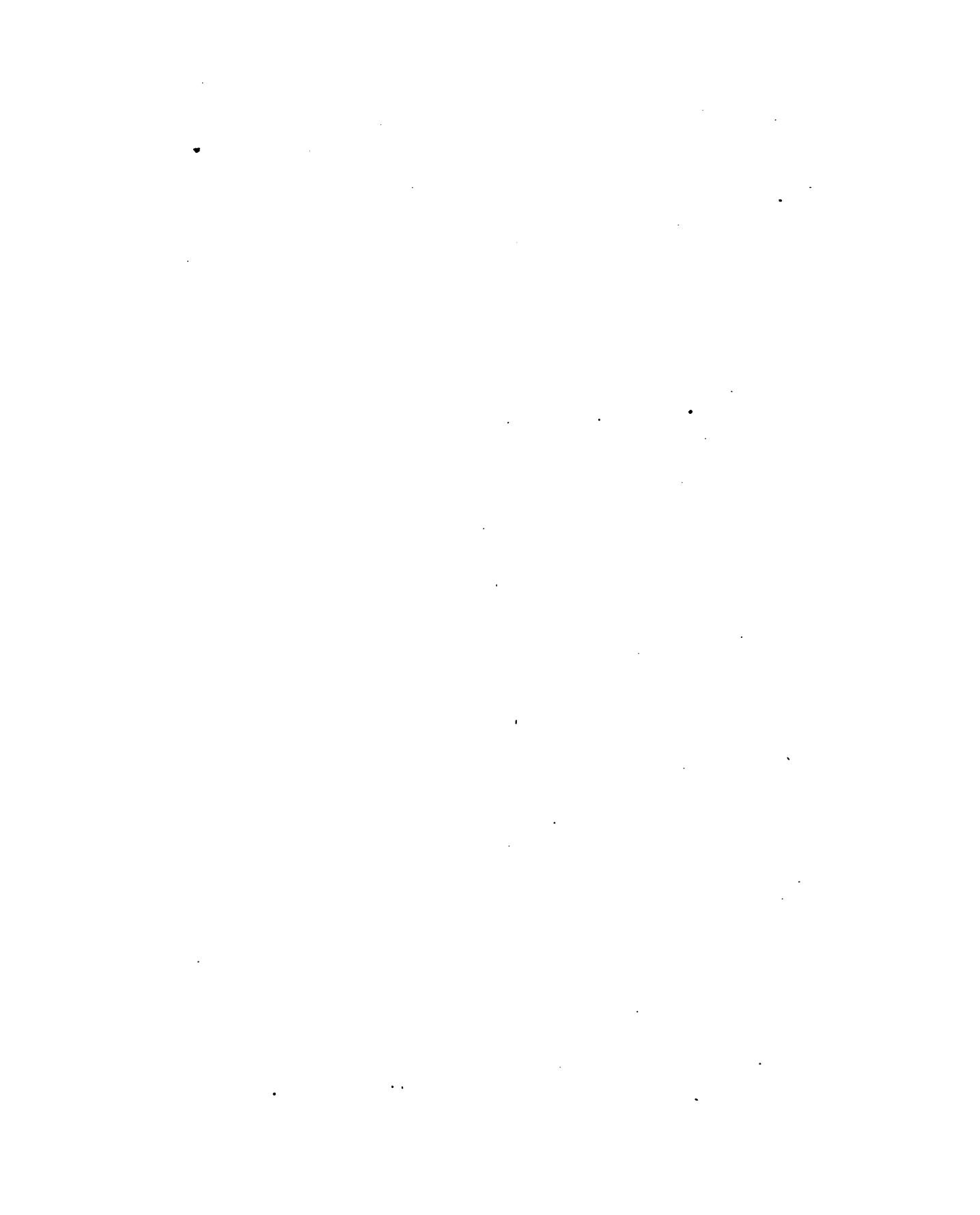
It has been decided that, in future, in order to obtain space for longer abstracts of the more valuable papers, greater liberty of selection shall be entrusted to the editors, and that lists of titles only shall be for the most part omitted. The section devoted to Physiology, &c., will be considerably shortened, in order to give greater length to those on Medicine, Surgery, and Midwifery. Arrangements have also been made under which the index will occupy less room. The size of the volume will be, as heretofore, about 500 pages.

These alterations have been determined on by the Council, in conformity with the wishes of a large body of the members of the New Sydenham Society, and it is expected that they will be found materially to increase the practical value of the work.

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The present volume comprises abstracts of 1459 works or papers; and gives the titles (with references) of 1368 others, abstracts of which are excluded for want of space.







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